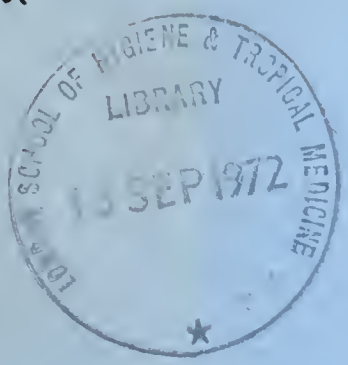

CITY OF SALFORD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1970

CITY OF SALFORD

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MEDICAL OFFICER OF HEALTH

D. J. ROBERTS
M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H.

1970

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at 31st December, 1970

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at 31st December, 1970

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PRINCIPAL NURSING OFFICER (SUPERVISOR OF MIDWIVES)	Miss V.E. LANGRIDGE, S.R.N., S.C.M., R.F.N., M.T.D.
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* By arrangement with the Manchester Regional Hospital Board

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TRAINING CENTRE ORGANISER	G. G. HANCOCK, N.A.M.H. Teaching Diploma
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SUPERVISOR OF TYPING POOL	Mrs. D. KELLY

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH 1970

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE

Ladies and Gentlemen,

It gives me great pleasure to present my Annual Report for the year 1970 to you. The year was in many respects an eventful one and also a sad one in that some of the services which have for many years been administered by the Health Department were transferred to the newly formed Social Services Department. These services included the Mental Health Service, Day Nurseries and last, but not least, the Home Help Service. We were all extremely sorry to see these branches of the Health Department "tree" cut off but we wish the new Director of Social Services and his new Department well in the enormous task which lies before them.

During the year considerable progress was made with regard to joint appointments with hospitals serving the Salford area. It is gratifying indeed to have such excellent co-operation from both the administrative and medical staffs of the hospital services.

The Mental Health Service had shown a tremendous recovery from the problems which had beset it in an earlier period and I think, without doubt, is potentially one of the finest teams of mental health social workers in the whole country. Work began during the year on the new Adult Training and Industrial Centre which, when completed, should be one of the best of its type to be found anywhere. The junior partner of this Centre, that is, the Margaret Whitehead School, at the time of writing, has already been transferred to the Education Department. This transfer is something which has been pending for some considerable time and has the tremendous psychological advantage for both parents and children that no longer will these children be classified as unsuitable for education. Many people are probably unaware as to the magnitude of the progress that has been made with regard to the provision for mentally handicapped children during the last ten to fifteen years. Fifteen years ago most mentally handicapped children were attending Occupation Centres for perhaps no more than two half days a week. The Centres would probably be housed in old and dilapidated premises and the staff were probably untrained. They made up for this lack of training, however, by their enthusiasm and dedication. During the last decade this has all changed. Staff have been trained mainly through the training courses created and run by the National Association for Mental Health. Makeshift premises have been replaced by Units officially described as Junior Training Centres but often referred to as "our School." The most recent change in the incorporation of these Units within the education system was anticipated here in Salford when the new Junior Training Centre was designated the Margaret Whitehead School. The process is now complete. The staff will be trained in the same sort of way and under the same sort of arrangements as other teaching staff and the Unit is now a Special School administered by the Education Department. The links, however, will still be there through the School Health Service and with the Mental Health Social Workers, through the new Social Services Department. The voluntary organisations concerned with

mental health in the City have always been strong and active and will, I know, be equally strong and active in the future. They must, I think, take a great deal of credit for the progress that has been made in these last ten to fifteen years for they have been ceaseless in their strife for better provision for the children for whom they have been so concerned. We shall, I think, in the next ten to twenty years see the end of all large mental institutions, whether for the mentally ill or the mentally sub-normal, but we should not denigrate or under-estimate the good these hospitals have done for their patients, in spite of occasional bad publicity. The problem has not been one of "caring" but of resources, and the blame for this can never be laid at the local level.

The Home Help Service at the time of transfer was being steadily built up within the financial and labour resources available. This service is the backbone of all health and social services and, to our cost, we do not give it a sufficient degree of priority. We ought to be able to provide a service so that when a woman is discharged from hospital with her new baby, it is possible – if the need arises and as is done in some countries – for a home help to be made resident with that family for several days. To make this type of provision possible would probably require the numbers of home helps throughout the country to be trebled with a correspondingly financial increase in the total cost. The provision for this type of service now lies with the newly-formed Social Services Department and I would hope that eventually this is the type of service which they will be able to give to the public.

Progress with regard to Health Centres continued throughout the year. I should again like to comment on the excellent co-operation that we get from the Clerk to the Executive Council and the Doctors involved with regard to the planning of these Centres. Without this type of co-operation progress would be impossible to the detriment of the people for whom these Centres are being built to serve. At the time of writing one Health Centre is in the process of being built, plans have been agreed with regard to a second and are now with the Department of Health; the schedule of accommodation has been completed for a third and two further Health Centres are under discussion. These Centres are obviously going to provide the foci for community care in the future. They might also play a part with regard to teaching in future years and we are endeavouring to look as far into the future as we possibly can in their planning.

The year under consideration was "European Conservation Year." Paradoxically, it was the year when some pollution problems were worse than they had been for some time. Nationally this was as the result of labour troubles and a shortage of solid smokeless fuel. I am glad to say that in Salford no Smoke Control Orders were suspended, although many authorities felt the need to do this. In spite of not suspending any of our Orders, our smoke and sulphur dioxide recordings for the latter months of the year did not show the fall which we would have expected from the figures for previous years and which were perhaps a reflection of the fact that authorities in juxtaposition affect one another's atmospheres to a greater extent than has perhaps been thought in the past. It is interesting to note, too, that there was a rise in deaths from bronchitis from 172 to 186 and the death rate was also shown as having risen from 124.8 to 137.2 per 100,000 of the population. We need not get too despondent, however, at these results. In the long term, we are winning in this country with regard to our efforts for clean air. But, after all these years we ought to be looking for a completion date for all the "black" areas in the country within a maximum period of five years instead of allowing this process to drag on interminably.

We hope to complete our programme in Salford by 1972. This does not mean that the City will be completely smokeless, for, as I have said before, there will still be many thousands of houses awaiting demolition under the slum clearance programme which will be exempted from the Orders and which will therefore be emitting smoke until they are finally demolished.

The slum clearance programme is going well and the number of houses represented for demolition each year is more than commendable, but for Salford, bearing in mind the enormity of the problem, the pace is not fast enough. It is an appalling reflection on our order of priorities that in an age of affluence, people are still living in houses that, by any standard, are unfit and lacking the amenities of their own W.C. and bath. However, the speed with which unfit houses can be demolished is not so much the pace at which they can be represented for demolition but the pace at which new housing units can be built, and the problems of representation pale into insignificance compared with the enormity of the problems of my other colleagues in providing the new accommodation.

The population of Salford appears to fall steadily year by year. This, I think, is no bad thing. Our problems are enormous. Take any vital statistic for the country as a whole, and ours will almost certainly be worse. This does not just apply to Salford alone but virtually to the whole of the industrial north-west, but it is changing, and a falling population is a help in the long term with regard to improving life in the City.

If anyone doubts the adverse effects of over-crowding, they need only compare the state of affairs in large cities with those in rural communities. It is begging the question to say that the two groups of people are totally different. Reference to animal experiments appears to indicate that animal communities suffer the same sort of problems as human communities once they begin being seriously overcrowded; with this in mind, one can hardly doubt the value of family planning and the services provided by the Family Planning Association as agents of this and many other authorities. There should, I think, be no question of recommending a specific family size, but what we should do is enable people to regulate their family to the size that they want. Some would say that this is not going far enough in the efforts to prevent a world explosion of population but it is an attitude which most people would find acceptable. The births for Salford showed a fall from 2,662 for the year 1969 to 2,555 for the year 1970. However, if it were not for the movement of people from the City, the population would, in fact, be rising, as the number of deaths for the year under consideration was only 1,956. Taking the country as a whole, this explains why the population is still rising in spite of a falling birth rate.

Some predictions with regard to future events are almost too catastrophic to contemplate, but it is clear, I think, that we have little idea of what we are doing when we pollute our natural environment. However, certainly with regard to the environment of this City, we are, I think, winning in spite of increasing pollution from motor vehicles. The clarity of light that one gets in, for example, London, at the present time, is something that one never seemed to see twenty years ago. We are, I think, beginning to see the same sort of effect in Salford, and we can do even better.

So far I have not mentioned the infant mortality rate. This tends to take pride of place fairly early in the Report and I am glad to say that there has been a considerable fall from 32 per 1,000 live births for 1969 to 25 per 1,000 live births for the year

under review. This is still high, however, when compared with the figure for England and Wales of 18, but again the trend is in the right direction. The infant mortality rate is, I think, a good indicator of the quality of life to be found in any country. The figure for England and Wales of 18 is not the best by any means but it lies within the better group and is now better than the figure for the U.S.A. which recorded a figure of 22 for 1968 when the figure for England and Wales was again 18.

Lastly, I should like to thank the Chairman and Members of the Health Committee for all their help and consideration, and the other Chief Officers and Officers of other health and voluntary organisations in the City for their willing co-operation, and to the staff for their loyalty and the tireless way in which they have carried out their work.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

D. J. Roberts.

Medical Officer of Health

HEALTH DEPARTMENT,
CRESCENT,
SALFORD, M5 4PH

Telephone: 061–736 5891

STATISTICAL SUMMARY – 1970

(Based upon figures supplied by Registrar-General)

Area – The City of Salford has a total area of 5,202 acres

Population – (Registrar-General's Estimate at Mid-year 1969) 135,530

Population – (Census, 1961) 155,090

	Salford 1970	Salford 1969	England & Wales 1970
Density – The Mean Density of the City is equal to 26.43 persons per acre			
Live Births – Legitimate: 1,076 Males 1,015 Females	2,091	2,279	719,738
Live Births – Illegitimate: 227 Males 192 Females	419	383	64,744
Totals	2,510	2,662	784,482
Live birth rate per 1,000 population	18.5	19.5	16.0
Still-births: 21 Males 24 Females	45	57	10,341
Still-birth rate per 1,000 live and still-births	18	21	13
Total live and still-births	2,555	2,719	794,823
Infant Deaths (deaths under 1 year) Legitimate 56, Illegitimate 7	63	86	14,269
Infant mortality rate per 1,000 live births – Total	25	32	18
Infant mortality rate per 1,000 live births – Legitimate	27	32	17
Infant mortality rate per 1,000 live births – Illegitimate	17	31	26
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	15	22	12
Early Neo-Natal mortality rate (deaths under 1 week per 1,000 total live births)	14	20	11
Illegitimate live births per cent of total live births	17	14	8
Perinatal mortality rate (still-births plus deaths under one week per 1,000 total births) Still-births 45, Deaths under one week 35, Total 80	31	41	23
Maternal deaths (including abortion)	2	2	146
Maternal mortality rate per 1,000 live and still births	0.78	0.73	0.18
Deaths: 1,007 Males 949 Females	1,956	1,943	575,208
Annual rate of mortality per 1,000 of the population	14.4	14.1	11.7

TABLE 1

SHOWING THE BIRTHS IN THE CITY OF SALFORD. DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1,000 BIRTHS DURING THE YEARS 1948 TO 1970

Years	Births			Percentage of Illegitimate Births to Total Births	Deaths under One Year			Proportion of Deaths under One Year per 1,000 Births		
	Total	Legit.	Illegit.		Total	Legit.	Illegit.	Total	Legit.	Illegit.
1948	3761	3570	191	5.1	157	147	10	42	41	52
1949	3628	3387	241	6.6	193	181	12	53	53	50
1950	3354	3123	231	6.9	144	128	16	43	41	69
1951	3091	2881	210	6.8	107	103	4	35	36	19
1952	3100	2913	187	6.0	107	89	18	35	31	96
1953	2964	2794	170	5.7	95	83	12	32	30	71
1954	2867	2692	175	6.1	87	79	8	30	30	46
1955	2700	2544	156	5.8	81	75	6	30	29	32
1956	2826	2682	144	5.1	83	80	3	29	30	21
1957	3026	2851	175	5.8	88	84	4	29	29	23
1958	2930	2738	192	6.5	84	78	6	29	28	31
1959	2959	2789	170	5.7	71	67	4	24	24	24
1960	2991	2752	239	8.0	80	73	7	27	27	29
1961	3018	2769	249	8.3	85	79	6	28	29	24
1962	3199	2911	288	9.0	93	85	8	29	29	28
1963	3154	2832	322	10.21	98	95	3	31	34	9
1964	3053	2703	350	11.46	93	78	15	30	29	43
1965	3054	2701	353	11.56	80	71	9	26	26	25
1966	2749	2416	333	12.11	88	82	6	32	34	18
1967	2819	2430	389	13.85	66	53	13	23	22	33
1968	2730	2282	448	13.90	70	60	10	26	25	22
1969	2662	2279	383	14.39	86	74	12	32	32	31
1970	2555	2126	429	16.80	63	56	7	25	27	17

TABLE 2

SHOWING THE BIRTH RATES, RATES OF MORTALITY FROM ALL CAUSES, TUBERCULOSIS OF RESPIRATORY SYSTEM, CANCER, HEART DISEASES, BRONCHITIS AND PNEUMONIA AND THE INFANT MORTALITY RATES DURING THE YEARS 1948 TO 1970

Years	Population estimated to middle of each year	Rates per 1,000 Population							Deaths under one year of age per 1,000 Births
		Births	Deaths from						
			All Causes	Tuberculosis of Respiratory System	Cancer	Heart Diseases	Bronchitis	Pneumonia	
1948	178,100	21.12	11.81	0.78	2.16	2.44	1.14	0.48	41.74
1949	178,900	20.28	13.06	0.63	2.00	3.13	1.45	0.71	53.20
1950	177,700	18.87	12.87	0.50	2.31	3.51	1.30	0.46	42.93
1951	176,800	17.48	14.12	0.46	2.15	4.04	1.78	0.50	34.62
1952	176,400	15.57	12.19	0.35	2.12	3.35	1.33	0.59	34.52
Average 5 yrs		**18.66**	**12.81**	**0.54**	**2.15**	**3.29**	**1.40**	**0.55**	**41.40**
1953	173,900	17.05	12.36	0.29	2.24	3.24	1.59	0.74	32.05
1954	171,500	16.72	11.98	0.23	2.39	3.44	1.19	0.56	30.35
1955	169,300	15.95	12.30	0.22	2.08	3.46	1.33	0.78	30.00
1956	167,400	16.88	12.34	0.20	2.43	3.48	1.46	0.78	29.37
1957	165,300	18.31	12.97	0.19	2.44	3.75	1.37	0.79	28.75
Average 5 yrs		**16.98**	**12.39**	**0.23**	**2.32**	**3.47**	**1.39**	**0.73**	**30.10**
1958	163,600	17.91	13.20	0.12	2.20	3.70	1.56	0.84	28.67
1959	162,000	18.27	13.01	0.19	2.43	3.78	1.31	0.78	23.99
1960	161,170	18.56	12.67	0.13	2.44	3.60	1.21	0.62	26.75
1961	154,910	19.45	13.96	0.14	2.39	3.74	1.56	0.84	28.16
1962	154,000	20.77	14.90	0.08	2.42	4.23	1.67	0.91	29.07
Average 5 yrs		**18.99**	**13.55**	**0.13**	**2.37**	**3.81**	**1.46**	**0.79**	**27.33**
1963	152,570	20.67	13.29	0.06	2.41	3.38	1.42	1.15	31.07
1964	150,350	20.31	12.26	0.07	2.38	3.51	1.17	0.71	30.46
1965	148,260	20.60	12.97	0.05	2.58	3.84	1.19	0.78	26.20
1966	145,880	18.84	13.93	0.07	2.76	3.75	1.38	0.87	32.01
1967	143,430	19.65	12.95	0.06	2.85	3.41	1.17	1.03	23.41
Average 5 yrs		**20.01**	**13.08**	**0.06**	**2.60**	**3.58**	**1.27**	**0.91**	**28.63**
1968	139,830	19.5	13.73	0.07	2.08	4.02	1.1	1.01	25.64
1969	137,750	19.3	14.1	0.05	1.97	3.71	1.25	1.19	32.0
1970	135,530	18.5	14.4	0.03	2.98	3.39	1.37	0.91	25.0

TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1933–1970 AND THE RATES PER 100,000 OF THE POPULATION

(a) Number of Deaths (b) Rate per 100,000 of the population

Year	Bronchitis		Cancer (all sites)		Heart Diseases		Pneumonia		Tuberculosis of Resp. system		Total Deaths	
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
1933	200	92.2	339	156.2	591	272.4	269	124.0	248	116.0	3009	1386.6
1934	133	62.2	400	187.1	637	297.9	243	113.6	201	94.0	2932	1371.1
1935	131	62.4	348	165.7	656	312.4	236	112.4	190	90.5	2734	1301.9
1936	154	74.8	352	170.9	729	353.9	249	120.9	207	100.5	2893	1404.4
1937	141	69.9	390	193.3	779	386.0	245	121.4	178	88.2	2943	1458.4
1938	86	43.1	344	172.5	691	346.5	210	105.3	192	96.3	2611	1309.4
1939	92	46.8	366	186.2	838	426.2	201	102.2	187	95.1	2698	1372.3
1940	535	308.9	342	197.5	754	435.3	221	127.6	195	112.6	3224	1861.4
1941	333	208.5	276	172.8	559	350.0	211	132.1	173	108.3	2743	1717.4
1942	239	155.9	387	219.8	462	301.4	129	84.1	146	95.2	2223	1450.1
1943	330	215.7	345	225.5	445	290.8	147	96.1	148	96.7	2382	1556.9
1944	271	173.9	328	200.5	461	295.9	101	64.8	151	96.9	2271	1457.6
1945	416	264.5	313	199.0	472	300.1	126	80.1	146	92.8	2459	1563.3
1946	289	170.5	326	192.4	444	262.0	127	74.9	122	72.0	2266	1337.1
1947	288	165.5	351	201.6	488	280.3	122	70.1	131	75.3	2312	1328.2
1948	203	114.0	385	216.2	434	243.7	86	48.3	139	78.0	2103	1180.8
1949	260	145.3	358	200.1	560	313.0	127	71.0	113	63.2	2337	1306.3
1950	231	130.0	410	230.7	624	351.2	82	46.2	89	50.1	2288	1287.6
1951	314	177.6	392	221.7	715	404.4	89	50.3	82	46.4	2497	1412.3
1952	235	133.2	374	212.0	591	335.0	104	59.0	61	34.6	2151	1219.4
1953	277	159.3	390	224.3	563	323.7	129	74.2	50	28.8	2149	1235.8
1954	204	119.0	410	239.1	590	344.0	96	56.0	39	22.7	2055	1198.3
1955	226	133.5	352	207.9	585	345.5	132	78.0	38	22.4	2082	1229.8
1956	244	145.8	407	243.1	583	348.3	131	78.3	33	19.7	2065	1233.6
1957	226	136.7	404	244.4	620	375.1	131	79.3	31	18.8	2150	1300.7
1958	255	155.9	359	219.4	611	370.4	137	83.7	20	12.2	2159	1319.7
1959	212	130.9	394	243.2	612	377.8	127	78.4	31	19.1	2107	1300.6
1960	195	121.0	393	243.8	580	359.9	100	62.0	21	13.0	2042	1267.0
1961	242	156.2	370	238.8	579	373.8	130	83.9	21	13.5	2163	1396.0
1962	258	167.5	374	242.9	651	422.5	141	91.6	13	8.4	2294	1489.6
1963	216	141.6	367	240.5	516	338.2	176	115.3	10	6.5	2028	1329.2
1964	176	117.1	358	238.1	528	351.2	106	70.5	11	7.3	1844	1226.5
1965	176	118.7	383	258.3	569	383.8	116	78.2	7	4.7	1923	1297.0
1966	202	138.4	404	276.9	548	375.7	127	87.1	10	6.9	2032	1392.9
1967	168	117.1	409	285.2	489	340.9	148	103.2	8	5.6	1857	1294.7
1968	154	110.1	398	208.5	584	402.3	154	101.1	10	7.1	1922	1318.5
1969	172	124.8	409	296.9	511	370.9	164	119.0	8	5.8	1943	1410.5
1970	186	137.2	404	298.1	459	338.6	124	91.5	5	3.7	1956	1443.2

CAUSES OF DEATH – Registrar General's Return of Deaths in the City of Salford during the year 1970

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
					1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75 and over
B4 Enteritis and other Diarrhoeal Diseases	M	–	–	–	–	–	–	–	–	–	–	—	–
	F	2	–	–	–	–	–	–	–	–	2	–	–
B5 Tuberculosis of Respiratory System	M	2	–	–	–	–	–	–	–	–	–	2	–
	F	1	–	–	–	–	–	–	–	–	1	–	–
B6(1) Late effects of Respiratory T.B.	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	2	–	–	–	–	–	—	1	–	–	–	1
B11 Meningococcal Infection	M	4	–	3	–	–	1	–	–	–	–	–	–
	F	–	–	–	–	–	–	–	–	–	–	–	–
B18 Other Infective and Parasitic Diseases	M	2	–	1	–	–	–	–	–	–	1	–	–
	F	1	–	–	1	–	–	–	–	–	–	–	–
B19(1) Malignant Neoplasm, Buccal Cavity etc.	M	3	–	–	–	–	–	–	–	1	2	–	–
	F	2	–	–	–	–	–	–	–	–	1	1	–
B19(2) Malignant Neoplasm, Oesophagus	M	6	–	–	–	–	–	–	–	–	2	4	–
	F	9	–	–	–	–	–	–	–	1	2	1	5
B19(3) Malignant Neoplasm, Stomach	M	27	–	–	–	–	–	–	–	1	8	9	9
	F	13	–	–	–	–	–	–	–	–	4	3	6
B19(4) Malignant Neoplasm, Intestine	M	24	–	–	–	–	–	1	–	3	7	9	4
	F	34	–	–	–	–	–	–	–	4	5	11	14
B19(5) Malignant Neoplasm, Larynx	M	6	–	–	–	–	–	–	–	2	1	3	–
	F	–	–	–	–	–	–	–	–	–	–	–	–
B19(6) Malignant Neoplasm, Lung, Bronchus	M	112	–	–	–	–	–	1	2	26	37	36	10
	F	26	–	–	–	–	–	–	2	2	3	6	13
B19(7) Malignant Neoplasm, Breast	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	28	–	–	–	–	–	–	5	4	5	4	10
B19(8) Malignant Neoplasm, Uterus	F	16	–	–	–	–	–	–	–	5	3	5	3
B19(9) Malignant Neoplasm, Prostate	M	12	–	–	–	–	–	–	–	–	2	3	7

CAUSES OF DEATH – Registrar General's Return of Deaths in the City of Salford during the year 1970

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
					1– 4	5– 14	15– 24	25– 34	35– 44	45– 54	55– 64	65– 74	75 and over
B19(10) Leukaemia	M	5	–	–	–	–	–	2	–	2	1	–	–
	F	1	–	–	–	–	–	–	–	–	1	–	–
B19(11) Other Malignant Neoplasms	M	46	–	–	–	–	–	1	3	3	17	13	9
	F	41	–	–	–	–	–	–	1	5	10	17	8
B20 Benign and Unspecified Neoplasms	M	3	–	–	–	–	–	–	–	1	2	–	–
	F	6	–	–	–	–	–	1	–	1	2	–	2
B21 Diabetes Mellitus	M	7	–	–	–	–	–	–	–	1	2	3	1
	F	10	–	–	–	–	–	–	–	–	–	6	4
B46 (1) Other Endocrine etc. Diseases	M	2	–	–	–	–	–	–	–	–	1	1	–
	F	8	–	–	–	–	–	–	–	1	2	2	3
B23 Anaemias	M	3	–	–	–	–	–	–	–	–	1	1	1
	F	4	–	–	–	–	–	–	–	–	–	–	4
B46(2) Other Diseases of Blood, etc.	M	1	–	–	–	–	–	–	–	–	1	–	–
	F	2	–	–	–	–	1	–	–	–	–	–	1
B46(3) Mental Disorders	M	4	–	–	–	–	–	–	2	–	–	–	2
	F	–	–	–	–	–	–	–	–	–	–	–	–
B24 Meningitis	M	1	–	–	–	–	–	–	–	–	–	–	1
	F	–	–	–	–	–	–	–	–	–	–	–	–
B46(4) Multiple Sclerosis	M	1	–	–	–	–	–	–	–	–	–	1	–
	F	2	–	–	–	–	–	–	–	–	2	–	–
B46(5) Other Diseases of Nervous System	M	12	–	–	–	1	–	–	–	–	5	2	4
	F	8	–	–	–	–	–	1	1	–	–	3	3
B26 Chronic Rheumatic Heart Disease	M	5	–	–	–	–	1	–	–	2	1	1	–
	F	13	–	–	–	–	–	–	–	–	2	4	7
B27 Hypertensive Disease	M	17	–	–	–	–	1	–	–	5	3	5	3
	F	10	–	–	–	–	–	1	–	–	2	4	3

CAUSES OF DEATH – Registrar General's Return of Deaths in the City of Salford during the year 1970

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS 1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75 and over
B28 Ischaemic Heart Disease	M	228	–	–	–	–	–	–	10	26	55	80	57
	F	186	–	–	–	–	–	–	3	6	23	65	89
B29 Other Forms of Heart Disease	M	34	–	–	–	–	–	–	1	2	4	8	19
	F	57	–	–	–	–	–	–	1	2	4	10	40
B30 Cerebrovascular Disease	M	82	–	–	–	–	–	–	1	8	24	22	27
	F	146	–	–	–	–	–	2	–	5	15	37	87
B46(6) Other Diseases of Circulatory System	M	30	–	–	–	–	–	1	–	1	6	10	12
	F	52	–	–	–	–	–	1	1	2	5	10	33
B31 Influenza	M	18	–	–	–	–	–	–	1	–	3	11	3
	F	17	–	–	–	–	–	–	–	1	2	9	5
B32 Pneumonia	M	57	1	7	1	–	–	1	1	2	9	20	15
	F	67	1	5	1	–	–	–	2	2	3	14	39
B33(1) Bronchitis and Emphysema	M	123	–	–	–	–	–	–	2	9	23	43	46
	F	64	–	–	–	–	–	–	1	6	8	18	31
B33(2) Asthma	M	–	–	–	–	–	–	–	–	–	–	–	–
	F	3	–	–	–	–	–	–	–	–	–	2	1
B46(7) Other Diseases of Respiratory System	M	13	–	3	–	–	–	–	1	1	2	4	2
	F	10	–	3	–	–	–	–	–	1	1	1	4
B34 Peptic Ulcer	M	4	–	–	–	–	–	–	–	1	1	1	1
	F	7	–	–	–	–	–	–	–	–	1	1	5
B36 Intestinal Obstruction and Hernia	M	3	–	–	–	–	–	–	–	–	1	2	–
	F	7	–	–	–	–	1	–	–	–	–	3	3
B37 Cirrhosis of Liver	M	1	–	–	–	–	–	–	–	–	1	–	–
	F	1	–	–	–	–	–	–	–	–	–	1	–
B46(8) Other Diseases of Digestive System	M	9	1	1	–	–	–	1	–	–	2	2	2
	F	10	–	–	–	–	–	–	–	–	–	5	5

CAUSES OF DEATH – Registrar General's Return of Deaths in the City of Salford during the year 1970

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
					1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75 and over
B38 Nephritis and Nephrosis	M	4	–	–	–	–	–	–	–	–	2	2	–
	F	1	–	–	–	–	–	–	–	–	1	–	–
B39 Hyperplasia of Prostate	M	3	–	–	–	–	–	–	–	–	1	–	2
B46(9) Other Diseases, Genito-Urinary System	M	5	–	–	–	–	–	–	–	–	2	2	1
	F	6	–	–	–	–	–	–	–	–	–	3	3
B46(11) Diseases of Musculo-Skeletal System	M	4	–	–	–	–	–	–	–	–	–	3	1
	F	8	–	–	–	–	–	–	–	–	3	1	4
B42 Congenital Anomalies	M	5	4	–	–	–	–	–	–	–	–	–	1
	F	3	1	2	–	–	–	–	–	–	–	–	–
B43 Birth Injury, Difficult Labour, etc.	M	12	12	–	–	–	–	–	–	–	–	–	–
	F	3	3	–	–	–	–	–	–	–	–	–	–
B44 Other Causes of Perinatal Mortality	M	6	6	–	–	–	–	–	–	–	–	–	–
	F	8	8	–	–	–	–	–	–	–	–	–	–
B45 Symptoms and Ill Defined Conditions	M	8	–	–	–	–	–	–	–	–	–	1	7
	F	18	–	–	–	–	–	–	–	–	–	–	18
BE47 Motor Vehicle Accidents	M	12	–	–	–	2	1	1	2	–	3	1	2
	F	7	–	–	1	–	–	1	1	1	1	–	2
BE48 All Other Accidents	M	27	–	1	1	3	2	3	1	3	5	3	5
	F	20	–	–	1	1	–	1	1	–	3	4	9
BE49 Suicide and Self-Inflicted Injuries	M	10	–	–	–	–	3	1	1	2	1	2	–
	F	8	–	–	–	–	1	–	–	1	2	3	1
BE50 All Other External Causes	M	4	–	–	–	–	–	1	–	–	3	–	–
	F	1	–	–	–	–	–	–	–	1	–	–	–
TOTAL ALL CAUSES	M	1007	24	16	2	6	9	14	28	102	242	310	254
	F	949	13	10	4	1	3	8	20	51	119	254	466

ENVIRONMENTAL HYGIENE

HOUSING – SLUM CLEARANCE

Planned progress on the Clearance of Unfit houses in Salford continued during 1970 on the basis of the major report approved and adopted by the City Council at the end of 1969. The demolition or closure of over 1,200 unfit dwellings and the rehousing of almost 4,000 persons was yet another major step forward in the campaign to eradicate Salford's legacy of bad housing.

Whilst 41 of these houses were dealt with on an individually unfit basis (demolition orders or closing orders), it is an indication of the general condition of housing in our clearance areas' programme that there were only 21 additional fit houses (classified either as "Grey" land or "Pink hatched Yellow" category) demolished during the year.

It became apparent during 1970 that there is a marked acceleration in the general deterioration of both houses still remaining to be dealt with in our clearance programme, and in certain other areas of the City, not yet included in that programme. This general deterioration is reflected in the numbers of houses dealt with individually in the second half of 1970 and the increase in the general problems created by houses becoming derelict and abandoned. It has become apparent that 1971 must inevitably see a review of our general clearance and redevelopment programme even though this is only a little over 12 months old.

Unfit Houses Closed or Demolished during 1970

Period	Dwellings	Persons	Families
1st Quarter 1970	406	1,020	401
2nd Quarter 1970	190	705	191
3rd Quarter 1970	272	934	260
4th Quarter 1970	374	1,302	350
Annual Total	1,242	3,961	1,202

The above totals include 41 houses closed or demolished as a result of individually unfit procedures.

An additional 21 "fit" houses ("Grey" or "Pink hatched Yellow" category) were demolished in Compulsory Purchase Orders associated with the clearance areas.

Clearance Areas Represented during 1970

Area (title)	No. of Dwellings	Type of Order
Ordsall No.8 (Belfort St.) Clearance Area	361	Housing Act Pt.III C.P.O.
Ordsall No.9A (Robert Hall St.) Clearance Area	490	Housing Act Pt.III C.P.O.
Clarendon Nos.5A/5D Clearance Areas	204	Housing Act Pt.III C.P.O.
Carlton Clearance Area	52	Housing Act Pt.III C.P.O.
Woodbine St. 1A/1G Clearance Areas	341	Housing Act Pt.III C.P.O.
Total Unfit Dwellings represented in Clearance Areas	1,448	

Clearance Areas Confirmed during 1970

Title	Type of Order	No. of Properties	Action Proposed
Oldfield Buildings Clearance Area	Clearance Order	60	Notices to Quit and subsequent rehousing
Trinity Buildings Clearance Area	Clearance Order	9	1970/71
Ordsall No.4 (Phoebe St.) Clearance Area	Compulsory Purchase	277	Notices of Entry, rehousing commenced
Ordsall No.6 (Archie St.) Clearance Area	Compulsory Purchase	100	and to be completed in 1971
Ordsall No.7 (Jennings St.) Clearance Area	Compulsory Purchase	296	
Total houses in Clearance Areas confirmed during 1970		742	

In his decision letters on the confirmation of the various Orders, the Minister thought fit to modify the Authority's classification as to "fitness" or "use" in only 25 instances; a modification rate of less than 3½%; the bulk of the modifications being contained in the smallest compulsory purchase order where there was a discernably higher standard of upkeep.

General

The Housing section of the public health inspectorate was again responsible for all aspects of slum clearance procedures; for the full processing of all Improvement and Standard Grant applications; for Qualification Certificate applications; for the control of houses in multiple occupation and for dealing with property inquiries and inquiries relating to properties subject to the Council's Mortgage Advance Scheme.

A general shortage of qualified public health inspectors employed on housing duties (2 only during the year) created special problems and made it impossible to continue actively on detailed property surveys or to do more than organise a holding action on the problems of multiple occupation.

Public health inspectors employed on district duties gave valuable assistance in the preparation of principal grounds of unfitness and for the presentation of detailed evidence at public local inquiries.

The system of the clearance of unwanted furniture and effects from vacated clearance area houses again worked well and helped to minimise the nuisance and discomfort of residents still awaiting rehousing. Unfortunately the clearance of large numbers of unfit houses in major areas is at its best an untidy and squalid operation and the empty houses and sites induce general contractors and members of the public to dump general debris on the nearest site or in the nearest empty house. Vandalism and unwarranted damage both by adults and children make life difficult for families awaiting rehousing and add to the general appearance of chaos.

Theoretically, rehousing and demolition processes can be effected in an orderly and logical manner; in practice, however, it is always wise to remember, that whilst the end product is to abolish unfit and unhealthy living conditions, we are, in effect, uprooting each year many hundreds of families and thousands of individuals from familiar backgrounds and re-establishing them elsewhere in a new environment. Each individual family has its own particular complexities of age, income, relationship with neighbours, with places of schooling and employment; each family has its own particular desires, hopes and prejudices. That this complex process is carried to completion without serious criticism and with the minimum of upset is a tribute to the policies of the Council and to the efforts of all the officers concerned.

Once again, it has been the Council's policy to allow officers a reasonable discretion in ordering emergency repairs and maintenance of essential services to properties awaiting clearance in order to minimise discomfort and nuisance to families awaiting rehousing. Of particular concern during the year, on several occasions, was the dangerous condition of electrical installations and wiring; on several occasions it became necessary to have the supply to the house severed and the Housing Manager requested to carry out urgent rehousing.

The Health Committee is responsible, through contract arrangements, for carrying out the removal of household furniture and effects of families from clearance area houses to alternative accommodation; where families make their own arrangements for removal it has been the Committee's policy to approve the payment of an allowance towards this cost, equal to the contract removal cost.

The routine disinfestation of furniture and effects prior to removal and of the fabric of the house before demolition has again been carried out during the year.

HOUSES IN MULTIPLE OCCUPATION

General

The routine inspection and control of houses in multiple occupation was only possible for half the year under review due to the absence for six months on sick leave

of the public health inspector engaged on these duties.

There is need for a full scale attack on the problems of multiple occupation in Salford but a shortage of qualified public health inspectors limits our efforts to a containing action and has so far prevented this Authority from giving detailed consideration to the adoption of an approved scheme of registration for houses in multiple occupation similar to the one recently approved by the Ministry and adopted by our neighbour, Manchester. Without the adoption of such a scheme and an adequate complement of public health inspectors employed on the project, no planned, logical control work can be implemented effectively.

Determined efforts are made by the use of statutory powers, management orders, directions or appropriate notices, to bring about an effective upgrading of amenity provision or management standards in those houses in multiple occupation where this form of action is felt appropriate.

Where, however, repeated efforts to bring about any worthwhile improvement in conditions, amenity provision or standards of management fails, and where, as is usually the case, the house falls short of even reasonable standards of fitness under the provisions of the Housing Acts 1957/69, then effective measures are taken to obtain either closure or demolition under the powers relating to individually unfit houses in Part II of the Housing Act, 1957.

An effective liaison exists between the public health inspectorate and the City Engineer's Planning Assistants and there is a useful and valued two-way exchange of information, particularly concerning newly discovered instances of multiple occupation. As a routine measure, the Chief Fire Officer is notified of all newly discovered houses in multiple occupation.

The routine inspection of multiple occupied houses and the ascertainment of all relevant details in the case of newly discovered ones, is a time and manpower consuming exercise coupled always with instances of difficulty in gaining access to all lettings during normal working hours. It is frequently necessary for the public health inspector to work at night or during the weekend.

There is evidence of a very widespread general ignorance on the part of owners and tenants of houses in multiple occupation of the relevant provisions of Housing legislation.

Control procedures

Houses in multiple occupation are generally subject to control procedures under the various provisions of the Housing Acts 1957—69 and the Regulations made under these Acts. Informal and persuasive action resulted in some 165 letters being sent out to owners and 161 separate Statutory Notices, Management or Direction Orders were served during the year and 2 specific referrals were made for action by the Chief Fire Officer.

Some 765 individual visits were made during the year to houses in multiple occupation; the bulk of these visits being concentrated on not more than one-third of the houses in multiple occupation comprising newly discerned or unsatisfactory ones.

An additional 72 visits were paid in respect of applications for rehousing on health grounds.

The control and improvement of conditions in these houses requires careful judgement by an experienced public health inspector who often finds it necessary to call in the services of other officers of the local authority, particularly those concerned with the care of young children, elderly or handicapped persons and problem families.

The problem of inadequate refuse storage facilities or the improper use of facilities which do exist gave rise to much concern and to many complaints. The nuisances arising continue to be a vexing corollary of poor management and unsatisfactory tenants, often of a migratory type staying only a few months before moving on. As accommodation is vacated, discarded beds, mattresses, furniture and clothing are scattered about the gardens and yards forming focal points for the dumping of general refuse from the neighbourhood. Other factors which render this problem particularly serious are where there is only one common front entrance to the house; the refuse bins are stored at the rear and the prevalence of thefts of refuse bins. Broken yard walls, fences and gates of many houses in multiple occupation, together with littered forecourts or yards, present a most unsatisfactory picture.

Whilst joint responsibility rests on both tenants and landlords to ensure that refuse is stored properly prior to disposal, in practice it is particularly difficult to bring other than informal pressures to bear on tenants where their negligence or carelessness gives rise to nuisance, and, of course, it must be clearly understood that all control procedures relating to houses in multiple occupation are cumbersome and slow in implementation – effective action taking months rather than weeks to bear fruit.

Statistical Information

(A)		
(a)	Number of H.M.O. properties on register at end of 1969	515
(1)	H.M.O. properties included in clearance procedures	6
		509
(b)	New cases of multiple occupation found during 1970	22
	Total H.M.O. properties on register at end of 1970	531
(B)		
(b)	The extent of the problem	
(1)	Total on register	531
(2)	Suspected but not yet detected	300
Estimated total number of houses in multiple occupation		831

Legislation

	Notices Served	Notices Abated	Notices Outstanding
Housing Acts	6	5	1
Public Health Acts	85	65	20
Salford Corporation Acts	57	47	10
Management Orders applied	11 Orders made		
Direction Orders applied	2 Orders made		

IMPROVEMENT GRANTS AND AREAS

Results obtained during the year again showed a slight decline in completions and the number of dwellings improved with grant assistance totalled 160, a reduction of 16 below the figure achieved in 1969. This somewhat disappointing result has, in the main, been due to shortages or changes in staff and to a general slowness in adapting to the new legislation by owners of property.

Applications for Grant assistance during the year totalled 196; of this figure 147 Standard Grants and 38 Improvement Grants received Council approval; there were 11 refusals, principally because of either the unsatisfactory condition of the property or an inadequate life expectancy.

The Council operates five Compulsory Improvement Areas declared under the Housing Act, 1964 — in four of these areas, as the Statistical Table shows, a varying measure of success in the region of 50% improvement has been achieved; in the fifth area, declared just before the passing of the Housing Act, 1969, little success has been achieved or is likely.

The new concept of General Improvement Areas introduced under the provisions of the Housing Act, 1969, received full and detailed consideration by a multi-disciplary team of Chief and Senior Officers. Their proposals received approval by the City Council and resulted in the setting up of a team of Specialist Officers and assistants working under the direct control of the Council's Chief Executive and Town Clerk with the object of bringing into being suitable areas of environmental improvement as quickly and as effectively as possible.

Grant payments during the year totalled £19,191.81, at an average grant per dwelling of £119.94 — virtually unchanged from 1969 costs.

Publicity

In late 1970 at the request of the Department of Environment, a House Improvement Month was organised in Salford during the period 2nd November to 28th November. This special effort, which was officially opened by the Rt.Hon. Julian Amery M.P., in the presence of the Mayor and Chairman and Members of the Health and Housing Committees and members of the public, backed by widespread local and national publicity, did unfortunately receive a somewhat poor response from the public. Some 87 enquiry and leaflet forms were returned requesting further information and assistance and there were, in addition, 160 personal inquiries at the

department. All these inquiries will be followed up but there is no doubt that the overall response was disappointing.

There was support for the "Improvement Month" by a mobile House Improvement Exhibition for part of the time and by a static exhibition in the foyer of the Health Department premises for the whole month.

Tenants' Representation

During the year, 64 Tenants' Representations for the Council to exercise their powers to obtain the provision of amenities to Standard Grant level, were received and 107 Notices were served.

Qualification Certificates

Landlords are tentatively taking the opportunity of applying for qualification certificates combined with standard grant applications.

Progress is slow, not only because of the relatively lengthy procedure involved but also because certain property owners have opted to submit applications only in respect of selected properties in order that the potential financial return might be ascertained, before applying for all their properties.

From the relatively few applications recently decided it would appear that the probable rent increase should be a distinct incentive for landlords.

The issue of qualification certificates where amenities already exist will be an important task throughout the coming year. At present there are approximately 300 applications awaiting attention.

The coming year is awaited with some concern. The success or failure of National and Local Campaigns towards House Improvement in Salford will be of vital importance in our City's wellbeing, and in our constant fight towards an improvement in the housing situation in Salford.

Table 1

Progress Within Compulsory Improvement Areas

Area	Total Dwellings	Dwellings Terraced	Owner Occupied	Dwellings to be improved	Improvement Compl'd	Expiration of 5 year Deferment Period
Lower Broughton	239	154	85	234	124	7th January, 1970
Langworthy No.1	326	235	91	326	164	28th July, 1970
Duchy Road	115	69	46	105	48	5th January, 1971
Seedley No.1	460	323	137	392	219	28th June, 1972
Littleton Road	485	207	278	450	14	

Table 2

Progress Following Tenants' Representation

Year	No. of Representations	Notices Served	Grant Applications	Completed Improvements
1965	33	58	Nil	Nil
1966	20	28	25	Nil
1967	55	57	27	32
1968	32	71	32	18
1969	53	8	14	22
1970	64	107	12	14
TOTALS	257	329	110	86

PEST CONTROL

All aspects of Pest Control work are supervised by a Specialist Public Health Inspector, who is also responsible for the supervision of the public toilets system.

Rodent Control

The Prevention of Damage by Pests Act, 1949, requires every local authority to ensure, as far as practicable, that the district is kept free from rats and mice. Owners and occupiers of land and premises are required to take all the necessary steps to eradicate rodents, and to notify infestations to the local authority.

The department employs one foreman and five full-time operators to comply with the requirements of the Pests Act. Every complaint received is investigated and where necessary appropriate action is taken and followed up until the operator is satisfied that the rodents have been eradicated.

The charge for the operator's time is 82½p. per hour, inclusive of time and materials used for the treatment of mice in all types of premises, and for rats, in business premises only. In cases of hardship, a free treatment is given.

During the year, 1,694 complaints were received at the Health Department of which 1,005 were for rats and 689 for mice. Of all the complaints received, treatments were only necessary in 236 cases for rats and 469 cases for mice.

A comparison of these figures with those of the last three years is as follows:—

Year	Rats Treatments	Mice Treatments
1968	160	1,043
1969	150	621
1970	236	469

During the year, 7 drains were found to be defective and allowing rats to escape, and in all cases the defective drains were either sealed off or repaired.

For the past 15 years the sewers within the City have been treated with Warfarin to eradicate rats. A team of three operators had the never-ending job of inspecting, baiting and recording the "takes" of bait in 2,993 manholes. All the manholes were baited until "no takes" were recorded. This method involved at least three inspections per manhole treated and took between three to four months to carry out a full treatment of the system.

A new and powerful poison, called Fluoroacetamide, has been on the market for a few years. This poison has to be handled with great care by the operators and can only be purchased by local authorities on a signed certificate by the Medical Officer of Health certifying that the poison will only be used for sewer treatment. It has been banned by the Ministry of Agriculture, Fisheries and Food for all other treatments such as surface baiting.

Using this poison the whole sewer system was baited in six weeks against three to four months using Warfarin, thus saving time and labour. A muslin bag containing 3 ozs. of the poison was suspended into the manholes and left. No further visits were required as one small "take" of the poison is fatal to a rat.

The following table shows the number of manholes treated using Fluoroacetamide:—

	Total No. of Manholes in the system	Total No. of Manholes treated
Salford 1/13	853	531
Broughton 1/11	732	482
Pendleton 1/17	1,408	1,082
	2,993	2,095

As only one treatment has been carried out so far using this poison, it is too early to comment on its effectiveness to kill the rats inhabiting the sewer system of the City.

During the year, the Rodent Control Staff co-operated with the Divisional Pests Officer, Ministry of Agriculture, Fisheries and Food to organise training courses for inexperienced operators from local authorities within the country. These courses were of three days' duration and consisted of lectures, films and demonstrations in up-to-date technique and practical work and were attended by between 20 and 30 operators on each course.

Pigeon Control

During the year, 990 pigeons were trapped in portable traps placed at strategic sites within the City and humanely destroyed at the local R.S.P.C.A. Centre.

Insect Control

During the year two full-time operators covered 6,835 miles in a light van on routine disinfestation work.

A nominal charge of 40p per room is made to occupiers of dwelling-houses and a

charge to business premises is made on the basis of time and materials used. In all cases of hardship a free service is given.

The following table shows the volume of work carried out during the year:—

Insect Infestation	No. of treatments
Cockroaches	533
Bed bugs	260
Larder beetles	114
Fleas	53
Wasps	39
Lice	11
Golden Spider Beetles	19
Flies	15
Ants	10
Mites	9
Earwigs	6
Wood-boring beetles	3
	1,072

In addition to the 1,072 treatments for specific infestation, 1,034 slum clearance dwelling-houses and furniture and effects of the families were sprayed with insecticide prior to the removal of the families to new homes.

PUBLIC TOILETS

The cleansing and maintenance of the public conveniences listed below is vested in the Public Health Committee:—

1. Victoria Bridge, Salford, 3 — Salford Bus Station
2. Barrow Street, Salford, 5 — Opposite Salford Royal Hospital
3. Cross Lane, Salford, 5 — Adjacent to the old market
4. Bolton Road, Salford, 6 — Adjacent to the Summerville Clinic
5. New Park Road, Salford, 5 — Opposite to the Manchester Docks Main Gate
6. Piazza, Salford, 5 — Adjacent to the shopping precinct
7. Leicester Road, Salford, 7 — Adjacent to Mandley Park
8. Littleton Road, Salford, 7 — Adjacent to the playing fields
9. New Market, Salford, 5 — In the subway adjacent to Stalls
10. Regent Road, Salford, 5 (Women only) — In West Worsley Street

These ten public toilets are all "free" and are provided with full convenience and hand washing facilities.

In addition, there are eight sites where only male urinal facilities are available at:—

1. Junction of Bury Old Road and Park Lane, Broughton.
2. Great Clowes Street, Salford, 7, near Albert Park, Broughton.
3. Broughton Road, Salford, 7, rear of the Griffin Hotel, Broughton.
4. Blackfriars Road Bridge, Salford, 3.

(continued)

5. Junction of Station Road and Broughton Road, Pendleton.
6. Liverpool Street, Salford, 5, adjacent to the Recreation Ground, Pendleton.
7. Langworthy Road, Salford, 5, rear of the Langworthy Hotel, Pendleton.
8. Junction of Eccles Old Road and Cementery Road, Weaste.

At present the labour force consists of a foreman/driver, one cleaner/driver, two male cleaners, and three female cleaners. The cleaners are divided into three teams, one male and one female in each team, all working a 40-hour week, 8.00 a.m. to 4.30 p.m. on five out of seven days. On Mondays all the three teams are working as this day appears to be the "heaviest" due to misuse of toilets over the week-end. The rest of the working week, only two teams are working daily with the foreman.

No toilets are manned and all are open for twenty-four hours.

At present the mobile teams work to a schedule which covers the cleansing of all the toilets once daily and the main toilets (New Market, Cross Lane, Victoria) twice daily. The teams are conveyed around the toilets either by the van driver, by the foreman for five days, and by the driver/cleaner on the remaining two days, or by public transport.

Much malicious damage has been caused during the year.

Two new public toilets with full convenience and hand washing facilities are either under construction or in an advanced planning stage.

DRAINS AND SEWERS

During the year the Specialist Public Health Inspector (Drainage) and his two assistants investigated 2,432 complaints in respect of defective drains and sewers, which included complaints from the Housing Department in respect of Corporation owned property. Simple blockages were removed by rodding and plunging and no charge made for this service.

In respect of notices served under Section 39, Public Health Act, 1936, work was carried out at 22 premises in default. The cost of carrying out this work was £496.44 which is recoverable from the owners of the premises concerned.

Work was carried out on 55 sewers under Section 24, Public Health Act, 1936, by the City Engineer at the request of the Medical Officer of Health and the work was inspected whilst in progress and on completion by the Drainage Inspector. The work is done to his satisfaction. One large sewer reconstruction was carried out under Section 24, Public Health Act on a 12 yard length of sewer which had collapsed at a depth of 11 feet and, due to sandy sub-soil, interlocking steel sheeting had to be used to stabilise the walls of the excavation. Yard walls had to be taken down as the excavation began to erode their foundations and re-built on completion of the work.

Complaints of percolations into cellars and sub-floor cavities were investigated and drains and sewers subjected to colour test to ascertain the cause. In some cases of percolation, colour testing may have to be carried out at several premises before the defective drain or sewer is found. When no colour reaction is obtained, the assistance of Manchester Water Department is sought and a request made for a test on water service pipes for bursts.

Inspections were carried out by the Drainage Inspector of drain and sewer repairs and reconstruction by private contractors in accordance with Section 41, Public Health Act, 1936, and subject on completion to test by water or smoke. Contractors on the whole co-operate with the Drainage Inspector in carrying out work to drains and usually advice and assistance are sought whilst work is in progress.

The Drainage Inspector and Pests Inspector work in close co-operation in investigation of rat complaints and usually, after smoke testing, a defective drain or sewer is found.

During the year the Drainage Van was replaced by a new British Leyland Van. This new van is fitted with a small sink unit and has hot water provided by heat from the engine. This is essential as on occasions in the past the Drainage Assistants have been unable to wash their hands after completing dirty work. The van is also fitted with an amber flashing unit on the roof, a necessity when the van is parked in a hazardous road position due to drain or sewer work.

Choked drains and sewers are a danger to health and the work must be carried out as expeditiously as possible. As far as possible complaints are dealt with the same day they are made.

ATMOSPHERIC POLLUTION

The Department has pursued a purposeful and determined programme of smoke control during 1970.

To date 72% of the City's premises are covered by Smoke Control Orders. Smoke Control Order No.21 which is with the Ministry, when confirmed will increase this figure to 80% and a further Order, which is to be presented to the City Council in February, 1971, will increase this figure still further to 88% leaving 12% to be dealt with later in 1971.

As far as acreage of the City is concerned 75% of the total area has been included in confirmed Orders. Smoke Control Order No.21 which is with the Ministry awaiting confirmation will increase the percentage of the acreage covered to 86% and an Order which is to be presented to the City Council in February, 1971, will increase the percentage covered to 92%.

With only 26% of the City's premises and only 8% of the City area to be brought under smoke control, it is interesting to look at the following table showing the estimated cost of smoke control:—

S.C.A. No.	Acres	Date of Operation	Estimated Cost £
1	124	1,11.61	10,731
2	32	1.10.60	265
3	11.25	1. 6.60	NIL
4	7	1.10.60	1,072
5	378	1.10.62	48,000
6	335	1. 7.63	73,403
7	345	1. 4.66	322,253
8	60	1. 8.66	18,900
9	570	1.11.63	50,366
10	298	1. 4.66	13,465
11	11	1. 7.66	84
12	352	1. 7.68	85,608
13	45	1.12.67	88,497
14	395	1. 6.70	6,910
15	13.75	1.12.69	9,467
16	230	1. 6.69	82,953
17	441	1. 7.71	81,885
18	242	1. 7.70	22,635
19	610	Not yet confirmed	120,051
20	—	—	—
21	312	Not yet confirmed	76,550
22	17	1. 9.70	32,340
		Total estimated cost	1,145,435

The total estimated cost of £1,145,435 is a considerable sum of money and the City Council are to be commended in their desire to cleanse the atmosphere of the City in spite of the heavy cost.

It was unfortunate that the Solid Fuel Industry was not able to fulfil its committments in the field of clean air and that some local authorities decided to suspend the operation of their Smoke Control Orders because of the shortage of supplies of this type of fuel.

The suspension of Smoke Control Orders and the delay in completing the smoke control programme in the black areas has been an unfortunate step from which some local authorities may find it difficult to recover. To date we have not suspended any Smoke Control Orders nor have we received any serious cries of distress from consumers.

Having looked at the estimated cost of smoke control we must now look at the effect of smoke control areas on the City's atmosphere. The table below gives averages of pollution, smoke and sulphur for the last nine years.

Yearly Averages for the whole of Salford

Year	Smoke	Sulphur
1961	402	328
1962	377	331
1963	320	316
1964	298	296
1965	254	279
1966	236	252
1967	225	197
1968	153	177
1969	201	220 incomplete year
1970	221	160

The smoke and sulphur figures are given in microgrammes per dubic metre of air filtered by the volumetric apparatus.

Here it can be seen that the pollution of Salford's atmosphere is improving and while a great deal of this pollution is local the smoke from surrounding areas on the windward side of the City is bound to contribute to the total amount of pollution in the City's atmosphere. The completion of the smoke control programme in this City will, we hope, be followed as quickly as possible by the completion of the smoke control programmes in all the black areas of the country.

The shortage of solid smokeless fuel has caused some difficulty in the planning and forming of Smoke Control Orders, so that the Health Committee recommended that the City Council designate as unsuitable all solid smokeless fuel appliances in the No.21 Smoke Control Order.

This was done in an effort to avoid delay in completing the City's smoke control programme bearing in mind that solid smokeless fuel only provides for about 20% of the total smokeless fuel used in an area coming into operation at the present time, and to relieve the demands for solid smokeless fuel.

The coming year will be a momentous one in the history of the City as it is hoped that the final Smoke Control Order will be made and the whole of the City be included in smoke control areas.

Industrial Smoke

The control of atmospheric pollution from the industrial premises within the City has proceeded throughout the year. The inspection of boiler houses and equipment has been carried out by the Department's Public Health Inspectors and observations of emissions of smoke from Industrial chimney stacks have been made.

The Beaver Committee on Atmospheric Pollution when they made their interim report stated that the country's atmospheric pollution was mainly due to the domestic chimney. This we accept but it does not mean that we are complacent over the question of industrial smoke. Emissions of smoke from industrial premises in the City

ake place but in the main very few exceed the permitted periods regulations and in hese cases visits were made and advice given.

It has not been necessary to recommend that any of the industrialists in the City be rosecuted for exceeding the permitted periods.

NOISE CONTROL

The control of noise levels within the City is gradually taking up more time of the ualified staff of Public Health Inspectors. The general public are becoming more "Noise Conscious" and as a result are now more ready to complain of excessive noise evels.

Three complaints of noise have been received and investigated during the year; one n respect of a launderette which had been established in a block of dwelling ouses/shops. The premises in question were originally used as a ladies hairdressing stablishment. This business was closed. The present occupants converted the business o a launderette, which under the Planning Regulations does not require planning pproval as there is no change of use.

The noise from the pumps and equipment was such that complaints of noise and ibration have been received from the occupants of the premises on either side. It has een necessary in this case to carry out a continuous noise level recording with quipment from Salford University. The results have been sent to the Chief Executive nd Town Clerk with a request that further action be taken by his department. This natter has not yet been finalised.

The second complaint was received from residents near a Dog Racing Track where ne promoters had extended their activities to Stock Car Racing. Noise levels were aken and at two points the noise was considered excessive and a nuisance.

The promoters agreed to erect baffles to reduce the noise to a level acceptable to ne department.

Where the best practicable means of preventing a nuisance are taken no further ction can be taken by a local authority.

The third complaint concerned a landscape gardener who also repaired lawn nowers. This gentleman sold his business to a man who repaired agricultural and heavy ractors. The Planning Regulations ruled that there was no change of use. This resulted n a noise nuisance being experienced by the residents with the immediate vicinity.

It would appear that the Planning Regulations as regards the type of industry and nange of use are so wide as to be of little value when dealing with existing buildings. lder buildings obviously require more control because of legacy of businesses which ere in existence prior to the Planning Regulations.

It is felt that it is time that noise level standards were introduced into legislation for arious types of areas, British Standard Specification 4142 is an excellent guide but as no legal obligation.

The control of noise in our City and in particular in residential areas is important and as was said in my Report for last year requires more time, thought, control and better legislation.

MEAT INSPECTION

Carcasses Inspected and Condemned

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	3,200	1,196	2	17,726	—
Number Not Inspected	—	—	—	—	—
All Diseases Except Tuberculosis & Cysticerci					
Whole Carcasses Condemned	—	—	—	13	—
Carcass of which some part condemned	1	—	—	5	—
Tuberculosis Only	—	—	—	—	—
Cysticerci Only					
Carcass of which some part or organ condemned	7	—	—	9	—
Carcass submitted to Refrigeration	2	—	—	—	—
Generalised and Totally Condemned	—	—	—	—	—

Weight of meat and offal rejected from animals slaughtered.

	Tons	Cwts.	Qtrs.	Lbs.
Full Carcasses		4	1	24
Part Carcasses			1	9
Offal	4	9	—	2
TOTAL	4	13	3	7

Weight of poultry rejected, not slaughtered on the premises.

1 cwt. 20 lbs.

The determined days and hours of slaughter agreed between the local authority and the private slaughterhouse situated in Cheltenham Street are as follows:—

Weekdays 7.00 a.m. — 7.00 p.m.
Saturday/Sunday 7.00 a.m. — 12 noon

To adjust to this deviation from the accepted 5 day week and to maintain 100% meat inspection, these duties have been shared by three food inspectors working varied hours on a weekly rota system.

POULTRY INSPECTION

It is not possible or necessary for the Food Inspector to carry out a detailed inspection of all poultry slaughtered for human consumption, but one of the big risks involved with poultry is that of cross-contamination during evisceration from one bird to another with such organisms as Salmonella.

The three poultry establishments in this City all cater for the Jewish community, and are visited on an average twice per week, to check on any suspect birds and the cleansing and disinfection of all equipment and transportation crates.

(1) **Poultry Slaughterhouse** – under the direct supervision of the ultra orthodox Machzikei Hadass where approximately 1,000 chickens, hens, geese and turkeys are koshered on the premises every week.

(2) **Poultry Dressing Premises** – this establishment was closed for two months in the year by the Schechita Board for contraventions against their laws. It has been re-opened under new management and approximately 200 hens and chickens are killed each week in a neighbouring authority and transported to these premises where they are plucked and eviscerated for retail sale.

(3) **Kosher Poultry Retailer** – receives hens and chickens koshered in a neighbouring authority. They are plucked and eviscerated on the premises for retail sale; the average weekly throughput is 200.

FOOD HYGIENE

The event of the year was undoubtedly the closing of the old market at Cross Lane, and the opening of the new market, and particularly the Food Hall. The selling of cooked meats and other open food on stalls not equipped with running water or refrigeration was of serious concern to all interested in good hygienic practices, and was much resented also by shop traders who have for many years had to provide a high standard of facilities.

All the cooked meats and open food (except fruit and vegetables) which are sold at the new market are in the Food Hall. Every stall in the food hall has its own supply of running hot water and where appropriate, refrigeration. Each stallholder is of course required to provide towels, soap and nailbrush and to observe a high standard of hygiene.

There is no doubt that when the inevitable teething troubles have been ironed out the new market will be a success, and will represent a suitable advance in hygienic practices in the City.

The next major development will be the opening of the Pendleton shopping precinct which is almost complete and is adjacent to the new market. It is hoped it will be opened in early 1971. Whilst the new precinct will bring about hygienic improvements, the interim period is proving difficult. Many of the existing shops in

Salford, because of imminent demolition prospects are suffering from neglect and lack of interest by the owners. More serious still is that in some areas shops are vacated before demolition is due. This tends to cause standards of a shopping centre to decline, and in some cases food businesses are opened without consultation with the local authority, in premises which have been left vacant. Priority is being given to watching the hygienic problems in declining shopping centres and to supervising the proposals in the new shopping centres to see that good standards emerge.

There was one prosecution during the year under the Provisions of the Food Hygiene Regulations, which concerned a shop and bakehouse which was found to be in an insanitary state. Mice droppings and dirt were found on shelves and equipment and the bakehouse ceiling was broken and no effort was being made to keep the premises clean. Not surprisingly a member of the public complained about a custard pie sold from these premises which contained a mouse dropping. A fine of £75 was imposed by the magistrates.

Most of the cases dealt with during the year were as usual handled without recourse to legal proceedings which are normally taken when occupiers refuse to co-operate

List of Food Premises Subject to the Food Hygiene (General) Regulations, 1960

	No. of Premises
Bakehouses	49
Butchers	145
Cafes and Restaurants	75
Chicken Barbecue Shops	5
Fish and Chip Shops	114
Food Supermarkets	16
Food Manufacturers Premises	11
Greengrocers and Fishmongers	164
Grocers Shops	620
Public Houses/Hotels/Licensed Clubs	268
Sweet Shops	183
Works/School/and Institutional Canteens	269
Wholesale Grocery Warehouses	6
TOTAL	1,925

Salmonella Food Poisoning

There were 3 family outbreaks and 12 individual confirmed cases of Salmonella food poisoning, notified during the year.

In one of the family outbreaks of Salmonella Typhi-murium, one child was infected and 4 other children in the family, at first free of any sumptoms, all became infected despite the family being instructed in personal hygiene and modes of infection. Two of the children attended a Special Nursery School, and tests on all children and staff at the school proved negative.

In one of the individual cases, a lady suffering from Salmonella Virchow though now symptomless is still harbouring the infection, and is classed as a carrier, and is not allowed to engage in any food handling business.

Bacteriological Sampling of Foodstuffs

Ice Cream

25 samples were taken from retail points, mainly from sources selling unwrapped ice cream.

The results were as follows:—

No. of Samples	Grade
14	1
10	2
1	3

Inspections of manufacturer's premises and retail vehicles were made regularly throughout the year, and advice given.

Liquid Egg

38 samples were taken during the year for efficiency of pasteurisation, all of which were found to be satisfactory.

Desiccated Coconut

Regular inspections were carried out at the coconut pasteurisation plant situated in the City, and 36 samples were taken for bacteriological examination.

Milk

The sampling of milk for bacteriological examination continued within the area of the local authority during the year.

177 samples of milk were taken by the department's Public Health Inspectors, the results of which are given in the following table:—

Test	Milk	No. Tested	Pass	Fail
Methylene Blue	Untreated	—	—	—
Methylene Blue	Pasteurised	93	89	4
Phosphatase	Pasteurised	101	101	—
Turbidity	Sterilised	72	72	—
Colony Count	Ultra-Heat Treated	4	4	—

The 4 samples which failed the Methylene Blue Test represented 4.3% of the total samples taken. The dairies concerned were investigated by the Department Inspectors and the dairies co-operated in every respect

Food and Drugs Act, 1955 — Legal Proceedings

From the numerous consumer complaints of food received, the following were the subject of legal proceedings:—

1. Unopened bottle of milk containing 25 window gnats.	Dairy pleaded guilty and fined £50
2. Steak and Kidney pie mouldy	Firm pleaded not guilty but fined £10
3. Custard pie containing rodent dropping.	Bakery fined £25, also fine £50 for insanitary premises.
4. Mouldy blackcurrant pie	Shopkeeper pleaded not guilty but fined £25.

Details of some of the other contaminated food complaints received are given in the report of the Public Analyst.

Imported Food Regulations 1968

Prior to these regulations, imported food was examined by the Port Health Inspectors at the port of entry.

A great amount of food is now imported in vast sealed refrigerated containers, and if the Port Health Inspector considers it expedient for the container to be examined at the place of destination, he notifies the inland local authority to this effect.

Therefore, the inspection of imported food in many cases now devolves upon inland food inspectors who have to check on the appearance, quality and condition of these foods.

Contaminated Imported Meat at Union Cold Stores

Three containers of chilled Norwegian quarters of beef, approximately 45 tons, had become contaminated with rust and aluminium paint from sides of containers during a rough sea passage. Subsequent road delay from London port caused some of the meat to be smelling, and it was re-directed to the Cold Stores to prevent any further deterioration.

Numerous meetings and discussions between the food inspectors with the exporters, importers, insurance loss assessors, veterinary officers and prospective purchasers took place. The outcome was that one container was declared unfit for human consumption, and the remaining two containers were released for human consumption for manufacturing purposes after trimming under supervision of a food inspector.

Unsound Food

The following table shows a list of food surrendered for destruction during the year:—

	lb.
Tinned meat	2,944
Fresh meat	588
Tinned meat	633
Tinned vegetables	401
Fresh vegetables	1,078
Tinned beans	124
Tinned soups	430
Powdered soups	1,004
Tinned tomatoes	79
Fish	107
Bacon	478
Cheese	41
Flour & cereals	2,191
Dried fruit	951
Walnuts	1,568
Coconut	1,220
Fats	297
Sweets & confectionery	1,358
Jams	28
Pickles	139
Milk Powder	336
Salt	620
Curry	35
Tea	177
Coffee	105
Sugar	487
Baking powder	14
	17,433

Tons	cwts.	lbs.
7	15	73

In addition, 6,706 items (packets) of frozen foods were surrendered for destruction and letters issued by this department confirming that destruction had been carried out.

These items in the main had been subjected to unrefrigerated conditions due to refrigerator breakdown.

SWIMMING BATH WATER

Routine sampling of bath water was carried out during the year, mainly from the school baths.

31 samples were submitted to the Public Analyst for Chemical Analysis.

30 samples were submitted to the Public Health Laboratory for bacteriological examination.

All the samples submitted for bacteriological test were satisfactory.

Of the samples subjected to Chemical Analysis 21 were satisfactory. 5 were lower than the recommended level of free chlorine, and 5 were higher than the recommended level.

The persons concerned were notified, and the necessary action taken to rectify the chlorine levels.

Mains Tap Water

7 samples of tap water were taken during the year, and all were reported on satisfactorily.

PET ANIMALS ACT 1951

Licences have been issued for 15 Pet Shops this year, the number having declined during the year due to closures.

All licensed Pet Shops have been inspected during the year by the Public Health Inspector and careful liaison has been maintained with the Royal Society for Prevention of Cruelty to Animals. There have been no cases of cruelty or neglect of animals during the year.

HAIRDRESSERS AND BARBERS

During the course of the year, applications for registration have been received in respect of seven premises. In every case the premises concerned were inspected and registration was approved. There have been no complaints during the year nor any prosecutions, but improvements have been requested by the Public Health Inspector in many of the premises visited.

SHOPS ACT, 1950

There have been seven complaints during the year about contraventions of the Sunday trading restrictions, all of which have been dealt with without legal proceedings. The complaints all arose from shopkeepers complaining about competitors and in two cases liaison was necessary with adjacent local authorities.

An investigation has been started and is continuing into whether the traders in the Pendleton shopping precinct, which is to open in early 1971, would like an Exemption Order to be made under Section I of the Act. The effect of such an Order would be that six day trading would be permissible without depriving the shop assistants of their right to a weekly half holiday. For such an Order to be made a majority of the traders affected would have to be in favour. If an Exemption Order is made this would put the shopping centre on the same basis as the Manchester City Centre in this respect.

A report is to be made to the City Council early in 1971, when this investigation is completed.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The re-development of the City has entered an interesting phase with the building of the Salford City Shopping Precinct at Pendleton. This precinct is to be the centre of the new Salford and most of the shops and offices will be ready for occupation in early 1971.

In October, 1970, the new covered market and food hall opened on a site adjacent to the shopping precinct. Although covered markets are not at present controlled by the Act (except for registration purposes) the food hall has been brought under control, a legal ruling having been made that the food hall is not a covered market for the purpose of the Act.

The food hall is occupied by thirty-four traders, many of whom have fitted food slicers and refrigerators. The equipment fitted is generally of a high standard both from the point of view of safety and hygiene and the only safety problem so far encountered is the tendancy of market traders to employ young persons and even schoolchildren on their stalls at peak periods. Warnings have been given about the dangers of allowing children and young persons to operate food slicing machines. The re-development of the City is undoubtedly bringing about a higher standard of safety and welfare, but the interim period is proving difficult. It must be admitted that many of the declining shopping areas which are due for demolition have taken on a somewhat shabby appearance due to lack of interest by occupiers and owners. The problem is exacerbated by instances of empty premises being opened as shops without any consultation with the local authority, and where squalid conditions are created. Several instances of this have occurred and priority has been given by Inspectors to dealing firmly with such cases.

Operation of the General Provisions of the Act

Health and Welfare Requirements

In general the Act is working well in this sphere and problems during the year have been mainly concerned with inadequate heating and poor cleanliness.

With regard to heating this has again been the only subject about which complaints from employees have been received. The level of complaints however is still surprisingly low, there having been only three complaints during the year all of which were dealt with promptly and without legal proceedings.

Cleanliness is still a problem in some premises particularly with sanitary conveniences which are shared and in little used parts of premises. Although no prosecutions have been taken under this Act, one prosecution was taken for lack of cleanliness in a food shop under the Food Hygiene Regulations and a fine of £50 was imposed. The prosecution could of course have been taken under the Offices, Shops and Railway Premises Act.

Floors, Passages and Stairs

As usual, problems have been found with inadequate maintenance of staircases, broken hand rails, dangerous trap doors, obstructed staircases etc. In licensed premises

trap door design and maintenance is particularly difficult and many accidents have been noted due to brewery workers developing strained backs handling beer in beer barrels in difficult situations. An interesting development is that in most of the new public houses in the redevelopment areas the premises are not equipped with cellars, the beer being stored at ground level and this should be useful in reducing handling problems.

Lifts and Hoists Regulations, 1968

A complete survey of all premises provided with lifts has been carried out and it has been found that in general lifts did already comply with the regulations and were subject to regular inspection by competent lift surveyors. This is probably due to the work done over the years by the Factory Inspectorate in factories and by Insurance Companies.

However on the initial survey five cases were found which have all been dealt with.

Subsequent to the initial survey another problem has been found which is still being dealt with. A large old type warehouse, formerly disused, was brought into use during 1970. The lift was found to have rather unusual doors, there being a gap of about 18 inches between the cage gate and the landing doors. Although the cage gates and landing doors were properly interlocked the occupier of the premises has been warned of the risks involved in using a lift with such a large gap between the doors, and has been instructed to either provide new doors or have the doors adapted so that the distance between the doors should not be more than 4 inches. The occupier has undertaken to do this work but progress is still awaited.

Accidents

The failure of many occupiers to notify accidents on Form OSR2 is a serious problem and one which appears to be worsening.

Occupiers have been reminded of their obligation to notify accidents by circular letters sent at the time when Form OSR 1 is received. It was hoped that this would serve as a permanent reminder but it has been found in practice that circular letters are in many cases filed away and quickly forgotten. When Inspectors visit premises enquiries are made about accidents and several accidents have been brought to light in this way.

It would probably improve matters if it were made a requirement of the Act to keep a prescribed accident book on the premises which could have 'a reminder to notify accidents' conspicuously printed on it.

Notifiable accidents this year have totalled 17, which is 10 fewer than last year. It is tempting to assume that this indicates improved safety but it almost certainly reflects incomplete notification.

Causes of Notifiable Accidents

Falls

Approximately 36% of the accidents were caused by falls, including falls from staircases, step ladders and tripping accidents.

Handling Goods

This accounted for 24% and was again predominantly in licensed premises.

Other Causes

Included use of hand tools, machinery, falling objects and one electrical accident.

Investigation of Accidents

Accident investigations are carried out when it is thought likely that advice can be given to prevent a recurrence, or where a contravention of the Act may have occurred, or if the Inspector is not familiar with the premises concerned. Investigations were carried out in 70% of the cases notified this year and action included informal advice and in some cases warnings.

None of the accidents during the year was fatal or resulted in serious permanent injury.

Legal Proceedings

No prosecutions have been taken during the year.

Exemptions

No exemptions have been granted this year.

TABLE A – Registrations and General Inspections

Class of premises (1)	Number of premises newly registered during the year (2)	Total number of registered premises at end of year (3)	Number of registered premises receiving one or more general inspections during the year (4)
Offices	20	521	114
Retail shops	19	972	295
Wholesale shops, warehouses	5	130	65
Catering establishments open to the public, canteens	–	276	159
Fuel storage depots	–	8	4
TOTAL	44	1,907	637

TABLE B – Number of visits of all kinds (including general inspections) to Registered Premises

1,037

TABLE C – Analysis by Workplace of Persons Employed in Registered Premises at end of year

Class of Workplace (1)	Number of persons employed (2)
Offices	5,172
Retail shops	3,013
Wholesale departments, warehouses	1,521
Catering establishments open to the public	1,664
Canteens	96
Fuel storage depots	50
Total	11,516
Total Males	5,975
Total Females	5,541

TABLE D – Exemptions

Part III Sanitary Conveniences (Sec. 9)

Offices	1
Retail shops	–
Wholesale shops, warehouses	–
Catering establishments open to public, canteens	–
Fuel storage depots	–

TABLE E – Prosecutions

Prosecutions instituted of which the hearing was completed in the year

Section of Act or title of Regulations or Order (1)	Number of Informations laid (2)	Number of informations leading to a conviction (3)
Nil	Nil	Nil

No. of persons or companies prosecuted	Nil
No. of complaints (or summary applications) made under section 22	Nil
No. of interim orders granted	Nil

TABLE F – Staff

No. of inspectors appointed under section 52 (1) or (5) of the Act	1
No. of other staff employed for most of their time on work in connection with the Act	1

FACTORIES ACT, 1961

(1) Inspections for purpose of provisions as to health:–

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
1. Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	5	5	–	–
2. Factories not included in (1) in which Section 7 is enforced by the local authority	670	486	16	–
3. Other premises in which section 7 is inforced by the local authority (excluding out-workers premises)	25	25	–	–
TOTAL	700	516	16	–

(2) Cases in which defects were found:–

Particulars	Number of cases in which defects were found				
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	Number of prosecutions
Want of cleanliness (S.1)	–	–	–	–	–
Overcrowding (S.2)	–	–	–	–	–
Unreasonable temperature (S.3)	–	–	–	–	–
Inadequate ventilation (S.4)	–	–	–	–	–
Ineffective drainage of floors (S.6)	–	–	–	–	—
Sanitary Conveniences (S.7)					
(a) Insufficient	2	–	1	–	–
(b) Unsuitable or defective	16	12	–	7	–
(c) Not separate for sexes	–	–	–	–	–
Other offences against the Act (not including offences relating to out-workers)	–	–	–	–	–
TOTAL	18	12	1	7	–

(3) Outworkers (Section 133)

Number of outworkers in August list (required by Section 110(1))	152
Nature of work: Making, etc. of wearing apparel	152

VISITS BY PUBLIC HEALTH INSPECTORS 1970

Sanitary Defects	12,348
Houses in Multiple Occupation	975
Offices, Shops and Railway Act	168
Shops Act	393
Improvement Grants	903
Qualification Certificates	85
Clearance Areas	4,318
Smoke Control Areas	4,905
Smoke Observations	284
Factories	486
Public Houses	84
Places of Entertainment	80
Schools	58
Housing Applications	1,376
Caravans	52
Infectious Diseases	44
Food Poisoning	359
Air Raid Shelters	19
Canteens	62
Rodent Control	737
Pests	156
Pigeons	78
Noise	3
Food Shops	663
Cafes, Restaurants	170
Food Preparation Premises	204
Food Stalls and Vehicles	188
Slaughterhouse	636
Hen Slaughterhouse	105
Unsound Food	228
Dairies	97
Water Supply	34
Swimming Baths	50
Ice Cream	39
Pharmacy and Poisons	83
Piggeries	22
Pet Shops	35
Hairdressers	41
Animal Boarding Establishments	2
Boarding Houses and Hostels	10
Poultry Dressers	52
Fuel Storage	4
Public Conveniences	517
Property Enquiries	209

Rag Flock		3
Public Health Laboratory		57
Public Analyst		109
Miscellaneous		489
Advance on Mortgages		60
	Total	32,080
Letters		1,422
No Admittance		2,851

Complaints and Notices issued under the Public Health Acts

Number of Complaints received	8,003
Number of Statutory Notices issued	2,638
Number of Informal Notices Issued	207
Number of Statutory Notices abated	1,834
Number of Informal Notices abated	149

PUBLIC ANALYST'S REPORT

Messrs Melling and Ardern are the appointed Public Analysts to the City and the following is the Analyst's report.

During the year ended 31st December, 1970, I have analysed 629 samples, consisting of:—

Milk 179, Coconut 27, Biscuits/Flour Confectionery 26, Sauce/Pickles 20, Spirits/Wine (12 Formal, 7 Informal) 19, Tinned Fruit/Vegetables 19, Tinned Fish Products 18, Tinned Meat Products 16, Cooking Oil/Cooking Fat/Lard 15, Soft Drinks 13, Butter 12, Tinned/Packet Soup 12, Fresh Fruit/Vegetables 12, Baby Foods 12, Condensed/Evaporated Milk 12, Bread 11, Raising/Baking Powder 11, Margarine 10, Tinned Milk Pudding 10, Jelly/Jiffi Jelly 10, Drugs/Medicines 10, Cheese/Cheese Spread 9, Herbs/Spices 9, Ice Cream 8, Meat Pies etc. 8, Beef/Pork Sausage 8, Jam/Curd/Marmalade 7, Breakfast Cereal 6, Instant/Ground Coffee 5, Vegetable/Fruit Juice 5, Rice 4, Vinegar 4, Tinned Cream 4, Tinned Sponge Puddings 4, Mincemeat 4, Coffee/Coffee & Chicory Essence 4, Tinned Meat & Vegetables 3, Salt 3, Cream 3, Flour 3, Blancmange/Cornflour 3, Cake Flour/Mix 3, two each of: Instant Tea/Tea, Liquid Egg, Salted Nuts, Marmite/Bovril, Vegetable Salad, Pie Filling, Sweets, Barm Cakes, Potato Starch, Christmas Pudding, and one each of the following: Milk Top Black Pudding, Coffee-Mate, Roast Beef Sandwich, Dried Onion, Mousse, Salmon Spread, Frozen Carrots, Fruit Pie, Sucron Sweetner, Mustard, Frankfurters, Instant Whip, Liver, Metal in Curry, Horseradish Cream, Ovaltine, Potted Beef, Peanut Butter, Simulated Chicken Fat, Sauce Mix, Instant Mashed Potato, Ravioli, Blackcurrant Drink, Mint Jelly, Low-fat Milk, Milk Shake Flavouring, Sponge Mixture.

The following table shows the relative milk-fat content of the samples.

Milk-fat per cent	Number of Samples	
3.00 to 3.25	7	
3.26 to 3.50	51	
3.51 to 3.75	59	
3.76 to 4.00	28	
Over 4.00	24	
	169	Total (excluding complaints)

The above samples were free from preservatives, colouring matter, and of a satisfactory quality.

During the year 34 samples were reported as not being up to standard as follows:—

Tinned Tomatoes
Pink Mousse
Tinned Prawns

The three samples each contained a house fly.

Pepsi Cola
Milk

Both samples were contaminated with mould growth.

Milk
Roast Beef Sandwich

Both samples showed signs of incipient rope.

Mandarin Drink
Peppermint Cordial

Both samples contained a cyclamate artificial sweetener. This is no longer a permitted sweetener.

Slice of Confectionery

The sample was contaminated with grease and mineral grit.

Butter

Chemical tests indicated the onset of incipient rancidity.

Barm Cake

This sample contained a maggot. Examination showed this to be the larva of a moth.

Cohoe Salmon

The sample was discoloured due to iron contamination.

Dried Mixed Herbs

The sample had a zinc content of 160 parts per million. I regard this as excessive and can see no reason why the zinc content of such a product should exceed 100 parts per million.

Dried Rubbed Sage

The sample had a lead content of 14 parts per million. The Lead in Food Regulations 1961 require that rubbed herbs have a lead content of not more than 10 parts per million.

Fondant Cakes

The above, a complaint sample, was found on examination to be stale, toxic metals were absent. I can see no reason why this sample should cause diarrhoea.

Custard Tart

The sample contained rodent faecal pellet.

Crust of Bread

The bread which had been folded into a sandwich contained a spider. In my opinion the spider had undergone a heating process.

Game Soup

The sample had a sour odour — taste, incipient souring had commenced.

Lemon Flavour Drink

The sample contained several small foreign objects. Examination showed these to consist essentially of insect fragments.

Curry

A small piece of metal was submitted with the sample of curry, this was alleged to have been found in the curry.

Jiffi-Jelly

The sample was liquid on receipt, containing insufficient gelatine to make a solid jelly. The sample was described as strawberry flavour, in fact it contained cherries and cherries were declared on the list of ingredients.

Blackcurrant Drink

The sample contained 440 parts per million of sulphur dioxide. The Preservatives in Food Regulations 1962 require that a drink of this description contains not more than 350 parts per million of sulphur dioxide. The sample therefore contravenes this regulation.

Cheese

The cheese had a sour odour, and the top surface contained several spots of greenish mould.

Tuna Fish

A sample of tuna contained 2.0 parts per million of mercury. The Government Chemist has been carrying out a survey on a limited number of samples of tuna, and has found mercury levels ranging from 0.1 to 1.0 parts per million with the mean value being 0.4 parts per million. Whilst there are no official limits for mercury residues in food in this country, the American and Swedish limites are 0.5 parts per million. This sample was, therefore, outside these limits.

Pasteurised Milk

The sample contained coloured textile fibres, and organic debris.

Milk

The sample was sour on receipt and contained 25 small flies identified as the "window gnat" Anisopus fenestralis.

Milk

The sample contained vegetable organic debris, together with some Diatoms, no doubt derived from the bottle washing water.

Milk

This sample had an abnormal odour and flavour, probably derived from feeding stuffs.

Meat Pie

The pie weighed 4.4 ozs. and had a meat content of 0.84 ounces. The Regulations require a meat pie of this weight to contain not less than 1 oz. meat. The sample is therefore deficient in meat.

Portion of Steak & Kidney Pie

The pie contained a moth identified as Xylophasia Monoglyphica.

Beef Pie

The pie weighing 4.5 ozs. contained 0.8 ozs. of meat. This is less than the 1 oz. required by the regulations.

Steak Pie

The sample contained a spider beetle. In my opinion the beetle had undergone a heating process.

Corned Beef

The sample had a sour flavour, this was shown to be due to incipient rancidity in the fat.

Eight samples, namely, Golden Wonder Salted Peanuts, two samples of Pasteurised Liquid Eggs, one sample of Black Pudding and four samples of Milk, were examined by your previous Public Analyst, Mr. Meadows, with the following results:—

The four samples of milk and two samples of Pasteurised Liquid Eggs were satisfactory, the Peanuts contained nut debris, and finally the Black Pudding was contaminated with hair and straw.

Seven complaint samples submitted during the year call for special comment. Firstly, a sample consisting of some cake debris, essentially crumbs, sugar and cream, containing a small black object. Examination showed this to be a fragment of charred sugar, probably glazing.

A sample of Swede tested for trace metals and pesticides gave satisfactory results.

In the corned beef filling of a Barm Cake were three dark areas, examination

showed these to be Papillae from the animal's mouth.

A sample of Lambs Liver, the complaint being of a bitter taste. No foreign matter or bitter taste could be detected. In my opinion, the bitter taste experienced by the complainant was probably due to bile from the gall.

A sample of meat and potato pie was alleged to smell and taste sickly when hot. In my opinion the flavour and odour of the pie was satisfactory.

Embedded in a sample of bread consisting of three slices of a small white loaf, were several small blackish fragments, this was not rodent excreta, but charred oven debris.

Finally, a sample of salted nuts consisting of an opened packet of nuts containing a brownish foreign object, this was shown to consist essentially of vegetable tissue and fibres, probably part of the husk.

The remaining samples were all satisfactory, and call for no special comment.

Number of Samples analysed during the year

Milk	179
Coconut	27
Biscuits/Flour Confectionery	26
Sauce/Pickles	20
Spirits/Wine (12 Formal, 7 Informal)	19
Tinned Fruit/Vegetables	19
Tinned Fish Products	18
Tinned Meat Products	16
Cooking Oil/Cooking Fat/Lard	15
Soft Drinks	13
Butter	12
Tinned/Packet Soup	12
Fresh Fruit/Vegetables	12
Baby Foods	12
Condensed/Evaporated Milk	12
Bread	11
Raising/Baking Powder	11
Margarine	10
Tinned Milk Pudding	10
Jelly/Jiffi Jelly	10
Drugs/Medicines	10
Cheese/Cheese Spread	9
Herbs/Spices	9
Ice Cream	8
Meat Pies etc.	8
Beef/Pork Sausage	8
Jam/Curd/Marmalade	7
Breakfast Cereal	6
Instant/Ground Coffee	5
Vegetable/Fruit Juice	5

(continued)

Rice	4
Vinegar	4
Tinned Cream	4
Tinned Sponge Puddings	4
Mincemeat	4
Coffee/Coffee & Chicory Essence	4
Tinned Meat & Vegetables	3
Salt	3
Cream	3
Flour	3
Blancmange/Cornflour	3
Cake Flour/Mix	3
Instant Tea/Tea	2
Liquid Egg	2
Salted Nuts	2
Marmite/Bovril	2
Vegetable Salad	2
Pie Filling	2
Sweets	2
Barm Cakes	2
Potato Starch	2
Christmas Pudding	2
Milk Top	1
Black Pudding	1
Coffee-Mate	1
Roast Beef Sandwich	1
Dried Onion	1
Mousse	1
Salmon Spread	1
Frozen Carrots	1
Fruit Pie	1
Sucron Sweetner	1
Mustard	1
Frankfurters	1
Instant Whip	1
Liver	1
Metal in Curry	1
Horseradish Cream	1
Ovaltine	1
Potted Beef	1
Peanut Butter	1
Simulated Chicken Fat	1
Sauce Mix	1
Instant Mashed Potato	1
Ravioli	1
Blackcurrant Drink	1
Mint Jelly	1
Low-fat Milk	1
Milk Shake Flavouring	1
Sponge Mixture	1
	629

CARE OF MOTHERS AND YOUNG CHILDREN

STATISTICS

The figures in this section are compiled locally and they do not necessarily correspond exactly with the figures which are supplied and published by the Registrar General and which are based on the registration of births and deaths. Where the Registrar General's figures are used this fact is stated.

Births

During the year 4,453 live births and 80 stillbirths were notified to the Medical Officer of Health. The total number of births to Salford women was 2,563 of which 2,519 were live births and 44 were stillbirths. Related to the estimated mid-year population of the City these figures give birth rates as follows:—

Live Birth Rate — 18.5 per 1,000 population
(in 1969 it was 19.6 per 1,000 population)

Stillbirth Rate — 17.16 per 1,000 live and stillbirths
(in 1969 it was 20.6 per 1,000 live and stillbirths)

During the year the proportion of institutional births rose slightly to 88.4%. During the last six years the proportion of institutional births has risen steadily from 62% in 1964.

Location of Births to Salford Women in 1970

Domiciliary Births	296	11.55%
General Practitioner Unit	281	10.96%
Hospital Births	1,986	77.49%
TOTAL BIRTHS	2,563	100.00%

The 281 deliveries at the General Practitioner Unit were attended by Salford Corportion Midwives; there was an increase of 2.16% births in this unit during 1970.

Illegitimate Births

The Registrar General has supplied the following information (based on Registration figures):—

		In 1970	In 1969
Illegitimate Male Births	— Live Births	227	196
	— Stillbirths	6	5
Illegitimate Female Births	— Live Births	192	187
	— Stillbirths	4	6
		429	394

Infant Deaths

During the year there were 63 infant deaths (i.e. deaths under the age of 1 year) and the infant mortality rate was 25.0 per 1,000 live births. This is a similar infant mortality rate to that for 1968 (25.36 per 1,000 live births) and a satisfactory improvement on the high rate of 32.9 per 1,000 live births in 1969.

The improvement in the infant death rate in 1970 is mainly due to fewer deaths from prematurity and congenital abnormalities. The age distribution of infant deaths remains similar to that for 1969 and other recent years. Of the 19 deaths due to prematurity 17 occurred within 24 hours of birth.

The other causes of death shown in the following table included; haemolytic disease of the newborn, 3; Meningococcal septicaemia, 2; multiple liver abscesses, 1; and one death from septicaemia and peritonitis following operation for duodenal atresia in a baby with Down's Syndrome. The one baby in the 1 to 6 months age group whose cause of death was classed as accidental died as the result of mechanical obstruction while in a perambulator with its twin.

Respiratory disease continues to take the heavy toll of infants in the 1 to 6 months age group.

Age	Number of deaths	Age Specific Death Rate				
Stillbirths	44	Stillbirth rate 17.16 per 1,000 total births	Total perinatal deaths 78			
Deaths under 24 hours	24		Peri-natal death rate 30.4 per 1,000 total births			
Deaths 1–6 days	10			Total early neonatal deaths 34 Early neo-natal death rate 13.5 per 1,000 live births		
Deaths 7–27 days	3				Total neonatal deaths 37. Death rate 14.6 per 1,000 live births	
Deaths 1–11 months	26					Total infant deaths 63 Death rate 25 per 1,000 live births

The causes of Infant Deaths during 1970 are summarised below:–

CAUSES OF DEATH OF INFANTS, 1970

Cause of Death	Age at death					TOTAL 1970	Total for 1969 for com-parison
	Under 1 day	1–6 days	7–27 days	1–6 months	7–12 months		
Prematurity	17	2	–	–	–	19	32
Respiratory Disease	3	3	1	18	2	27	24
Congenital Abnormalities	3	3	1	–	1	8	18
Gastroenteritis	–	–	–	–	–	–	4
Accident	–	–	–	1	–	1	2
Other Causes	1	2	1	4	–	8	9
Total for 1970	24	10	3	23	3	63	–
Totals for 1969 for comparison	34	21	5	23	6	–	89

Deaths 1 to 5 years of age

There were 6 deaths in the age group 1 to 5 years during 1970. Of these 3 died as a result of accidents, 2 of respiratory infections and the other was a child with a meningocoele and hydrocephalus who died of septicaemia. All the children were between 2 and 4 years of age. Details are shown in the table below:—

Cause of Death	Age at death		TOTAL
	2–3 years	3–4 years	
Accident (Road)	1	–	3
Accident (Fire)	–	1	
Accident (Home)	–	1	
Respiratory Infection	1	1	2
Other Causes	1	–	1
TOTAL	3	3	6

In 1969 there were 10 deaths in the 1–5 year group of which 4 were due to accidents.

Maternal Deaths

There were two maternal deaths of Salford women during the year. One was a woman who was admitted to hospital with influenza and bronchopneumonia during the 37th week of pregnancy. She died of an overwhelming infection four days after delivery. The infection failed to respond to all treatment.

The second death occurred seven weeks after an elective Caesarean section had been performed on a woman who was known to have a bronchial carcinoma with secondary spread.

Both deaths were due to pre-existing disease which was neither obstetric or gynaecological in nature.

These two deaths occurring in 2,563 total births to Salford women give a local maternal mortality rate of 0.78 per 1,000 registered births.

Special Registers of under 5 year olds

In the past these special registers – the "At Risk" Register, Register of Congenital Malformations and the Handicapped Register – were maintained as completely separate entities. Each had its own special function but there has always been an overlap of these functions in respect of individual children. A critical examination of the registers at the end of 1969 had led to the conclusion that these registers could be combined without any sacrifice of their own functions. To do this and to enable the figures for 'At Risk' and 'Handicapped Children' under 5 years to be more meaningful an "Observation" Category was introduced.

During the year an integrated register of under 5 year olds needing special follow-up by the medical or health visiting services was introduced. Children on the register are classed as "At Risk" (confined to children from birth to 2 years of age). "Under Observation" (from birth to 5 years of age) and "Handicapped". The latter category is now reserved for children who have been assessed and confirmed as having a handicap. The classification of children in the handicapped category will be brought into line with the schools handicapped register in 1971.

The experimental re-organisation of the registers is already proving of value and has simplified their administration. Futher improvements can still be made during 1971 when the re-organisation proper is undertaken.

Inevitably changes in the system have altered criteria for classification; the introduction of the 'observation register' has led to a reduction in the number of under 5 year olds classed as handicapped. The figures for the combined register for 1970 are shown below:—

Under 5 year olds on the combined register during 1970

Category	On Register at end of 1969	Added to Register during 1970	Removed from Register during 1970	On Register at end of 1970
'At Risk'	603	391	360	634
'Under Observation'	Nil*	307	43	264
Handicapped	284	50	165	169
TOTAL	887	748	568	1,067

*This category was first introduced in April 1970.

Children who are notified as having a congenital malformation are placed on the combined register in whichever category is appropriate.

REGISTER OF CONGENITAL MALFORMATIONS

This is a register of congenital malformations recognised at, or soon after, birth. It is compiled mainly from the birth notification cards completed by midwives but hospital discharge slips and letters, and the weekly death sheets from the local registrar provide additional information.

Apart from its use in compiling the local register of malformations the information is passed to the Registrar General monthly. This helps to provide epidemiological data on a national basis.

Children notified as having abnormalities are placed on the "At Risk", Observation, or Handicapped Register according to the nature and severity of the defect.

Congenital Malformations notified during 1970

Category		Total	Live Births	Still Births	Neonatal Deaths	Follow-up on discharge from hospital		
						Handicapped Register	Observation Register	At Risk Register
0	Central Nervous System	17	7	10	–	3	2	2
1	Eye and Ear	2	2	–	–	–	–	2
2	Alimentary System	7	7	–	3	–	2	2
3	Heart and Great Vessels	3	3	–	–	–	–	3
4	Respiratory System	–	–	–	–	–	–	–
5	Urogenital System	1	1	–	–	–	1	–
6	Limb Defects	26	25	1	2	–	7	17
7	Other Skeletal Defects	1	1	–	–	–	–	1
8	Other Systems	4	4	–	–	–	1	3
9	Other Malformations	9	9	–	3	3	–	3
	TOTALS	70	59	11	8	6	13	33

There were 70 malformations notified during 1970 compared with 66 in the previous year. The distribution by categories is similar to previous years. Although the number of defects of the heart and great vessels is lower (3) than in 1968 and 1969 (8 and 7 respectively) this may be due to diagnostic differences rather than any change in incidence. Variations in diagnosis and enthusiasm of notification of less obvious malformations must always be taken into account when considering the significance of annual changes in the numbers of notified malformations. We feel confident that we are informed of the vast majority of malformations soon after their diagnosis.

The introduction of the Observation Register for children under 5 years of age is proving useful for following-up children born with malformations who are not necessarily going to be handicapped later in life.

Of 44 stillbirths during the year 11 (25%) were malformed. There were 59 (2.3%) live births in whom malformations were diagnosed at or soon after birth during 1970.

'AT RISK' REGISTER

The 'At Risk' Register has now been incorporated in a single register of children under the age of 5 years who "for any reason whatsoever" require special following-up by the medical or health visiting staff of the department.

Newborn babies are considered 'At Risk' if certain complications or diseases occur during pregnancy, labour, birth or the neo-natal period. Such babies are followed-up until it is certain that their development and progress is normal and that they have not suffered any long term ill-effects from the earlier events.

When a baby who is 'At Risk' reaches the age of 9 months up-to-date information regarding its health and progress is requested from the health visitor. The traditional birthday examination at one year of age is not regarded as a special need for babies at risk. All children should have their health and development checked at this age whether 'at risk' or not.

The final check on the development and progress of babies on the 'At Risk' Register is now regarded as most important. At the age of two years up-to-date information is again requested from the health visitor. If all is not well mothers are encouraged to attend a Child Health Clinic with a doctor in attendance or to consult their family doctor. Where handicaps or problems exist which may affect a child's future health or education parents may be invited to a Pre-School Clinic.

Any children whose health and progress is not satisfactory remain on the combined register as requiring 'Observation'.

At the end of 1970 there were 634 children on the 'At Risk' Register in Salford. The names of 391 of these had been placed on the register during the year. 360 children were removed from the register during 1970.

Removals from the 'At Risk' Register during 1970

Reason for Removal	Year Placed on Register			TOTAL
	1968	1969	1970	
Over 2 years of age and satisfactory	182	—	—	182
No longer regarded as 'At Risk'	—	17	3	20
Transferred to 'Observation' Register	34	10	4	48
Transferred to 'Handicapped' Register	2	5	2	9
Left Salford	13	30	19	62
Removed, Address not known	23	5	5	33
Died	—	2	4	6
TOTAL	254	69	37	360

A high proportion of changes of address; 95 (about 24%) of 354 surviving children had changed their address by the age of 2 years of age, a finding which perhaps explains why it is so difficult adequately to follow-up babies 'At Risk' so as to detect ill-effects of events at and around birth at an early stage.

OBSERVATION REGISTER

The Observation Register for children under 5 years of age was introduced during 1970 as part of the combined register for three main reasons; firstly to provide for any continued follow-up of children over 2 years of age who had been on the 'At Risk' Register; secondly to enable any child under 5 years to be specially followed-up for any desirable length of time if information about its health or progress suggested cause for concern; and thirdly because such a register was essential if the register of handicapped under 5 year olds was to be realistic and meaningful.

Children who in previous years would have been classed as handicapped can now be kept under observation until such time as they are assessed and the existence of a handicap confirmed.

The observation classification of the combined register started in June 1970 and from then until the end of the year 307 children had been placed under observation. This action was taken following information from hospital letters, health visitors or other staff. Over 50 of the children had previously been on the 'At Risk' Register. At the end of 1970 there were 264 children under observation for a variety of reasons.

Reasons why 264 under 5 year olds were under observation at the end of 1970

Physical Defects or Diseases		
(a)	Cardiac	27
(b)	Orthopaedic	26
(c)	Neurological and others	13
'Delicate' children		
(a)	Respiratory (Including Asthma) Diseases	24
(b)	Nutritional and Metabolic Disorders	23
(c)	Other reasons	25
Development and Progress (includes 4 mentally retarded under assessment)		40
Speech Development Etc.		17
Hearing and/or Visual Problems		11
Recurrent Convulsions (and ? epilepsy)		22
Social Reasons		26
Miscellaneous (Includes behavioural)		10
TOTAL		264

The full value of this system of observation cannot be assessed for a few years but it is already proving helpful in the earlier recognition of children who may need special educational consideration.

REGISTER OF HANDICAPPED CHILDREN

The register of handicapped children under the age of 5 years forms the third and most important part of the new combined register.

The figures for numbers of handicapped children under 5 years of age given in this section are not comparable with those for earlier years. The end-of-the-year look at the Handicapped Register for 1969 and a more detailed analysis in 1970 revealed many anomalies. During the year the introduction of the 'Observation' register and re-classification of many 'handicapped children' has reduced the number of children classified as handicapped from 285 at the beginning of the year to 169 on the 31st December, 1970. By the end of 1971 it is hoped to have the re-organisation of the combined register for under 5 year olds completed and all children on the register re-classified. The categories of handicapped children have been brought into line with those used for children of school age.

HANDICAPPED REGISTER, 1970

(Children under 5 years of age)

Category	Number on Register at 31.12.70	Number added during 1970
Blind	–	–
Partially Sighted	11	4
Deaf	3	–
Partially Hearing	–	–
Physically Handicapped		
(a) Cardiac	19	4
(b) Orthopaedic	27	1
(c) Cerebral Palsy	12	4
(d) Spina Bifida	14	3
(e) Other Neurological	7	3
(f) Others	3	1
Mentally Retarded (all levels)	40	13
Delicate		
(a) Respiratory (asthma)	6	5
(b) Respiratory (other)	3	2
(c) Nutritional & Metabolic	7	1
(d) Other delicate	8	–
Epileptic	8	3
Speech Defects	1	1
TOTAL	169	45

Children with multiple handicaps are included in the category of the major defect.

Children are placed on the handicapped register once it has been confirmed that the child has a defect or disease likely to present difficulties later in life or which may need special education consideration. Most of the information about young handicapped children is obtained from hospital letters. The full and continued co-operation of the hospital consultants in providing this information is essential. The earlier we know of children with special problems or handicaps the easier it is for them to be assessed and their special needs met when they reach school age. The tendency for children to start school earlier makes it even more important that we are able to begin considering educational needs from the age of 2 years.

Of the 169 children on the handicapped register on 31st December, 1970 the information leading to their placement on the register had come from the hospitals in 119 instances. Information is also provided by the health visitors, doctors at child health clinics and others. Only 12 of the children on the handicapped register at the end of 1970 had previously been on the 'At Risk' register.

Removals from the Handicapped Register

During the year 165 children were removed from the handicapped register: 32 were transferred to the Observation Register and 37 removed from the register because they were regarded as cured and no longer handicapped or needing observation.

12 children had left Salford; 3 removed to unknown addresses and 2 had died during the year. The remaining 79 children had reached the age of 5 years and were placed as shown below:—

EDUCATION RECEIVED BY 5 YEAR OLDS REMOVED FROM THE HANDICAPPED REGISTER DURING 1970

Ordinary Day School	49
Day Open Air School	7
Day School for Physically Handicapped Pupils	5
Diagnostic Unit	3
Attending Margaret Whitehead School	13
Permanent Hospital Care	1
Other Residential Care	1
TOTAL	79

The organisation and functioning of the handicapped part of our integrated register of children under 5 years of age is to be further reviewed during 1971.

ANTE-NATAL CLINICS

During the year the number of antenatal clinic sessions held weekly remained the same as in 1969. Seven sessions a week were held; one at each of 5 centres (see table below) and 2 at Murray Street which remains the area of greatest demand for a local authority clinic. The medical staffing of antenatal clinics was reduced by 40% and has now been concentrated at the Langworthy and Murray Street Centres.

The increased attachment of midwives to general practitioners and the increasing development of antenatal sessions held at their surgeries continues to reduce the demand for local authority antenatal clincis. Our midwives however, still do the ante-natal care at clinics held at the doctors surgeries.

The number of women attending our antenatal clinics is now only about 25% of the 1963 figure; the average attendance per month has, however, increased from 5 to 6 per pregnancy. Although there is an overall decline in attendance the clinic at Kersal Centre has been busier. Kersal Centre is surrounded by blocks of flats built during the past 15 years and an older Corporation housing estate. A more important factor responsible for the increased use of Kersal Clinic may be that the local doctors now rent a consulting room at the centre; the doctors' surgeries and our antenatal clinic are held in the same building and in this respect Kersal Centre functions rather as a Health Centre.

Where our antenatal clinics are no longer staffed by doctors arrangements are made for patients to see their family doctor for any necessary medical attention.

The following table gives details of the attendances at our antenatal clinics during 1970.

ATTENDANCES AT ANTENATAL SESSIONS – 1970

(Statistics for 1969 in brackets for comparison)

CLINIC	No. of Sessions Weekly	Total Individuals Attending	Total Attendances	New Attendances	Consultations by	
					L.A.M.O.	G.P. Employed on Sessional Basis
Kersal	1	70 (46)	402 (262)	57 (35)	–	–
Langworthy	1	122 (137)	725 (889)	91 (109)	– (11)	141 (179)
Murray St.	2	187 (188)	1,158 (1,116)	153 (139)	– (16)	135 (118)
Regent	1	73 (107)	532 (616)	54 (75)	45 (74)	– (73)
Summerville	1	49 (75)	332 (445)	35 (53)	8 (77)	–
Trinity	1	26 (42)	155 (257)	17 (32)	–	–
TOTALS	7	527 (595)	3,304 (3,585)	407 (443)	53 (178)	276 (370)

The Antenatal Clinics continued to send blood specimens to the Central Serological Laboratory for Wassermann testing and to Hope Hospital Pathology Laboratory for haemoglobin estimation and Rhesus testing.

During the year 384 results of Wassermann tests were received, of which only one was positive.

The special Rhesus Clinic was continued at the Crescent as in 1969. This session is held once per fortnight. Blood samples are taken for confirmatory Rhesus testing and for tests for antibodies. During the year 69 women attended; 91 specimens of blood were sent to the Blood Transfusion Service. In 1970 antibodies were found to be present in four women; they were all referred to their general practitioners so that arrangements for hospital confinement could be made.

The number attending the Rhesus Clinic in 1970 was about the same as that for the previous year.

CHILD HEALTH CLINICS

The usage of clinics is under constant observation and during the year three sessions were discontinued because of falling attendances. The local authority clinic attendances now depend – to a certain extent – on the number of Well Baby Clinics held in the general practitioners' surgeries. In areas where such clinics are particularly active the local authority clinic attendances show reductions. They still, however fulfil a need where such general practitioner sessions are not available.

The average attendance at the local authority sessions was 30; 312 of the 596 sessions were medically staffed with average consultations of 7.7 per session.

The work of the various clinics during 1970 is shown in Table 'A' below. Table B

shows the clinic service provided for the various age groups. The functions of the clinics continue to be primarily preventive and educative with an increasing stress on their importance in the early recognition of deviations from normal health and development.

Two special types of clinic for 0 to 5 year olds are run by the department; the special care baby clinic and the recently introduced multipurpose "Pre-School Clinics".

TABLE A CHILD HEALTH CLINIC STATISTICS

(Statistics for 1969 in brackets)

CLINIC	No. of Weekly Sessions	Total No. of Clinic Sessions	Total Attendances	Individuals at year end	New Cases	Consultations by M.O.
Cleveland	(2 until (23.3.70 (1 Afterwards	60 (97)	1,493 (1,741)	271 (316)	129 (136)	180 (140)
Kersal	1	51 (54)	1,861 (1,739)	384 (408)	171 (189)	337 (316)
Langworthy	4	204 (202)	5,896 (6,342)	1,368 (1,414)	634 (625)	834 (967)
Police Street (closed 30.6.1969)	—	— (26)	— (514)	— (116)	— (71)	— (114)
Murray Street	2	104 (98)	3,053 (2,958)	810 (911)	474 (549)	350 (419)
Regent Road	(2 until (25.3.70 (1 afterwards	64 (85)	2,445 (2,594)	721 (836)	360 (409)	366 (491)
Summerville	1	52 (51)	2,011 (1,891)	325 (338)	137 (155)	114 (162)
Trinity	(2 until (25.3.70 (1 afterwards	61 (98)	1,168 (1,751)	336 (443)	147 (203)	187 (354)
Special Care BABY SESSIONS *Plus 42 babies who also attended other clinics	1 Alternate weeks	19 (20)	98 (66)	12* (8)	27 (14)	98 (59)
TOTAL AT YEAR END	11½ (14½)	615 (731)	18,025 (19,596)	4,227 (4,790)	2,079 (2,351)	2,466 (3,022)
Removed Out				164 (230)		
Died				5 (4)		
Became 5 years old				129 (119)		

TABLE B

CHILD HEALTH CLINICS / AGE GROUP ATTENDANCES

Age Group	Estimated 0–5 years Population at 31.12.70	Number of individuals attended during year	% of age group attended	Total number of attendances during year	Average attendance per child attended	Number of Medical Consultations	% of total clinic attendances
0–1 year	2,306	1,324	57.4	7,119	5.4	847	11.9
1–2 years	2,354	1,599	67.9	7,308	4.6	9 74	13.3
2–5 years	6,667	1,602	24.0	3,598	2.2	612	17.0
0–5 years	11,327	4,525	39.9	18,025	4.0	2,433	13.5

SPECIAL CARE BABY CLINIC

A Premature Baby Clinic has been held at Langworthy Centre for many years. The scope of this clinic has gradually been extended to cover premature and other babies requiring special follow-up from birth up to about 18 months of age.

This clinic is held fortnightly in conjunction with the Paediatric Consultant Clinic. It is staffed by a doctor and the special care baby nurses. Haemoglobin estimations can be done at this clinic.

The babies seen have either been born at home or in the General Practitioner Unit or are referred by a hospital consultant through the liaison health visitor. Many of the babies seen are still 'Prems' but other 'At Risk' babies also attend.

During the year 19 sessions were held; there were 98 attendances (66 in 1969), of which 27 (14 in 1969) were first visits.

PRE-SCHOOL CLINICS

During 1970 we continued to bring together various aspects of work relating to children aged 2 to 5 years. In these years of a child's life the work of the School Heath Service merges imperceptibly with that of the Child Health Service of the Health Department.

The Health Department is responsible for the maintenance of health and the prevention and early detection of disease. The Education Department is responsible for providing nursery education and for assessing the special educational needs of children from the age of 2 years onwards.

Coupled with an experimental re-organisation of the 'At Risk' Register for children up to 2 years of age, the under 5 years Handicapped Register and the introduction of an "Observation" Register for children from 2 to 5 years, multipurpose clinics for

children of these ages were started in June 1970.

These Pre-School Clinics are held at various centres as the need arises. Children with handicaps or under observation are invited from the age of 2 years onwards to see the Senior Medical Officer. The clinics enable assessment of educational needs to begin earlier and parents to discuss their problems. Parents of handicapped children, particularly those with severe disabilities who may be under treatment by several specialists, need and appreciate an early opportunity to discuss their problems and the general medical, social and educational implications of their children's handicaps.

Apart from their function in relation to the assessment of special educational needs these clinics provide a place to which young children with special problems may be referred by other staff of the Health and Education Departments.

Since the clinics began, 20 have been held at various centres: 133 medical examinations have been done; 123 different children have been seen. The clinics are truly multipurpose and much work previously done at other more specialised sessions is included in their scope.

HOSPITAL LIAISON

The Paediatric Consultant held 19 sessions at the Langworthy Centre during the year and gave 46 consultations in respect of 29 children.

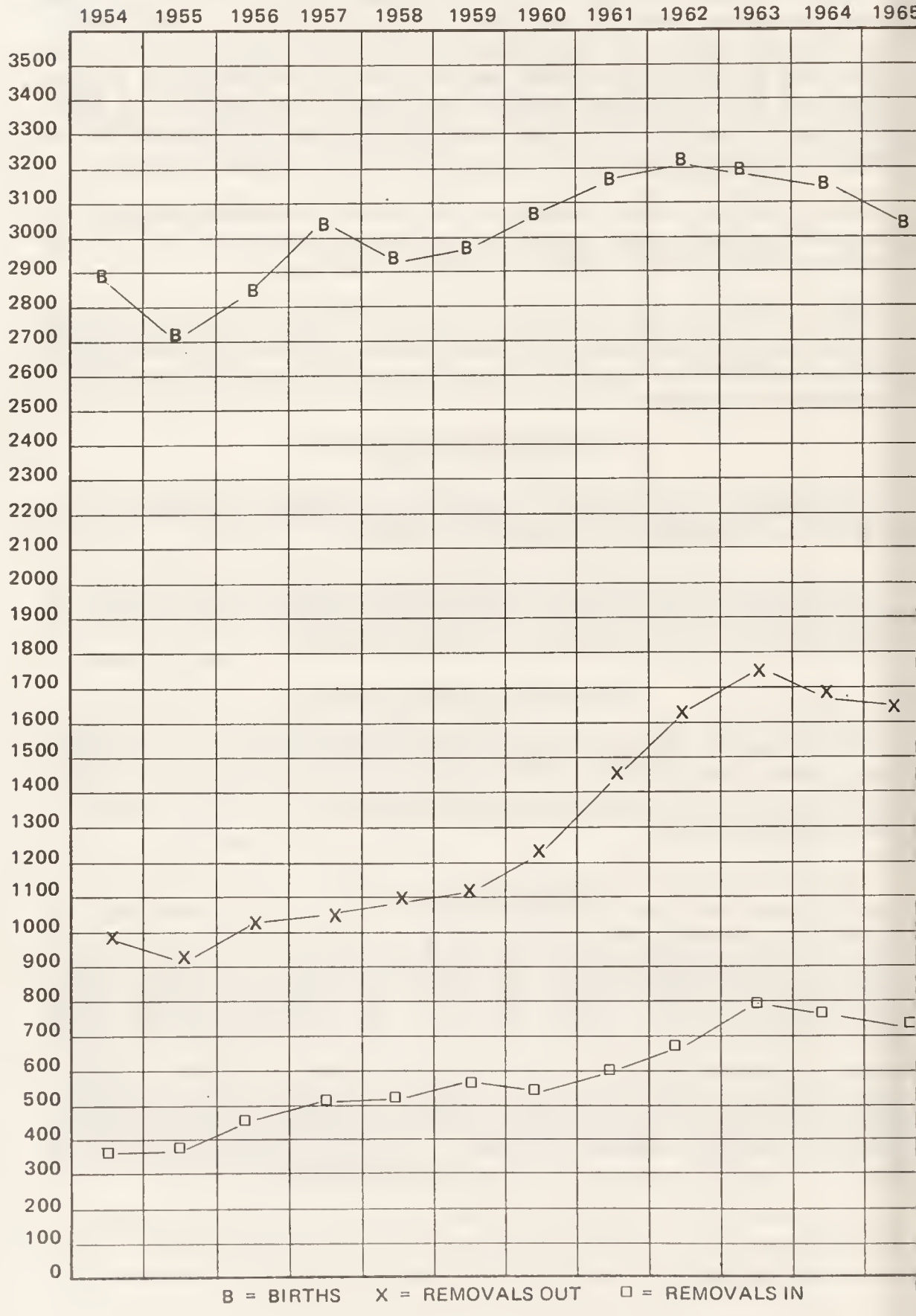
Hospital reports were received regularly regarding children in the 0–5 year age group and were appreciated by Medical and the Health Visiting staffs because of the necessary follow-up work and because of the special registers.

MOVEMENT OF POPULATION

The migration of population is still considerable and during the year 647 children were known to have moved into the City, giving a year-end total known population of 11,974 for the 0–5 years of age group. Overall population for the 1965–70 age group was an estimated 14,123.

Removals out of the City were known to be 1,046 to addresses elsewhere; as in previous years records were forwarded to the Medical Officers of the areas concerned. In addition to this 416 were "untraced" and their records were filed awaiting request for same. Approximately 80% of the records are matched to the School Health Records; School Welfare Officers were notified of "unmatched" records so that Salford schools, if known, could be indicated. For the first time since 1954 – when housing schemes began to show their effect of population movement – a drop is shown in movement outside the City; rehousing within the City, however, still creates considerable work to maintain up-to-date records. The graph shows the 0–5 years of age population movement since 1954 together with the Salford adjusted births for the years. A much higher number of children – over and above the number of Salford births – are therefore followed-up by Health Department staffs.

SALFORD ADJUSTED BIRTHS, 1954–65
AND MIGRATION OF POPULATION CONTAINED WITHIN THOSE BIRTH YEARS



CLERICAL STAFFING

The staffing problems during the year were not resolved, as was hoped after the reduction of clerical staff due to financial restrictions in the previous year. Sickness time has been higher than normal for the Section, but re-organisation of various aspects of the work was still continued with a view to further streamlining the work pattern and reducing the need for medical and nursing staff to carry out work which can be done by clerical staff.

WELFARE AND PROPRIETARY FOOD SALES

Welfare Food Distribution

National Dried Milk	— 5,111 tins (10 per cent was free issue)
Cod Liver Oil	— 2,281 bottles (32 per cent was free issue)
Vitamin A and D Tablets	— 4,043 packets (1.4 per cent was free issue)
Orange Juice	— 33,219 bottles (8 per cent was free issue)

Free issues have increased although there is a reduction in the National Dried Milk uptake this year; many mothers prefer to buy liquid milk at the cheap rate and purchase a priprietary brand Baby Food.

The Women's Royal Voluntary Service continue to staff the Antenatal Clinic at Hope Hospital to distribute these commodities; their assistance is greatly appreciated and is a considerable saving in staff time.

Proprietary Brands Distribution

The Sales List shows a choice of 6 dried milks; 2 evaporated milks; 5 cereal products; 4 vitamin products and 3 supplementary foods. In exceptional cases vitamin tablets or drops are issued on prescription.

LIAISON WITH CHILDREN'S DEPARTMENT

During the year co-operation with the Children's Department continued. Children were examined prior to being taken into care and a medical officer visited the Children's Department's homes to carry out routine and other medical examinations. The Senior Medical Officer continued to attend the monthly meetings of the Case Co-ordinating Committee where major social and health problems are discussed.

1970 was the last full year of the existence of "Childrens Departments" and it is hoped that the co-operation with the Social Service Department of the future will not only continue but that it will be extended. Many of the mothers and young children in care or requiring social help have health problems and often need more than an average share of the services provided by the Health Department.

VOLUNTARY MOTHER AND BABY HOMES

During the early part of the year one of the mother and baby homes was closed. Adswood, run by the Salvation Army, had provided a service in Salford for many

years. Up to its closure on 1st May, 1970, 10 antenatal mothers were admitted and shelter was provided for one; the antenatal mother's duration of stay averaged 84 days per case and the shelter was provided for only 2 days. At the time of closure 19 beds and 12 cots were available at the Home.

St. Teresa's Home run by the Sisters of Charity of the Society of St. Vincent de Paul continues to provide care for antenatal and post-natal mothers and their babies. As in previous years the home was visited by a Medical Officer. During the year St. Teresa's admitted 55 antenatal and 12 post-natal mothers and provided shelter for 19; there are 25 cots and 30 beds provided for use as required and the average duration of stay was 3 months, 3–4 weeks plus one week for antenatal, post-natal and shelter cases respectively.

CERVICAL CYTOLOGY CLINICS

During 1970 there was a further reduction in the number of smears taken (959 smears compared with 1,197 in 1969). There were 76 sessions held at our clinics, of which 59 were staffed by a doctor; at 17 sessions the smears were taken by Home Nurses.

	Doctors	Home Nurses	Total
Number of Sessions	59	17	76
Number Invited	1,155	250	1,405
Number Attended	790	159	949
Average attendance per session	13.4	9.3	–

In 13 instances smears were not taken for various reasons; a further 23 smears were taken by Home Nurses on domiciliary visits.

The further fall in the number of smears taken was the continued effect of factors which caused the considerable reduction of smears taken in 1969 compared with 1968. Lack of the availability of medical staff to carry out more tests also prevented us from any serious attempt to increase the smears taken. It is hoped that we will be in a position to extend this service in 1971. In particular we hope to be able to offer tests for cervical cancer to women working at large firms. One large firm was visited during the latter part of 1970.

RESULTS OF CERVICAL SMEARS TAKEN DURING 1970

Unsatisfactory smears	27
Normal cells	828
Inflammatory and other changes	12
Trichomonas infection	40
Monilia infection	51
Suspicious cellular changes	1
Cancer cells positively identified	None
TOTAL SMEARS TAKEN	959

PHYSIOTHERAPY

During the year the very limited resources of the physiotherapy service have been widely stretched in an endeavour to provide treatment where the need has been greatest.

Treatment of Handicapped Babies

Consultants all agree that the earlier handicapped babies commence treatment the greater chance there is of near normal development.

Two clinics have been started to help these mothers and babies. One at Langworthy Centre, the other at Murray Street Clinic, so that both sides of the City are served. 15 babies attend once weekly for physiotherapy. There is an urgent need for an additional weekly session so that the mothers can be advised on how to handle their babies, assist them with feeding problems, and be given simple toys to stimulate their interest and encourage normal development as far as possible.

Margaret Whitehead School

Two physiotherapy and two hydrotherapy sessions are held weekly. There is adequate work for a full-time physiotherapist to be employed in the school. As well as orthopaedic handicaps many of the children have respiratory conditions which would benefit from breathing exercises and in the more severe conditions from chest drainage.

Previously hydrotherapy treatment has not been available for mentally handicapped children. It has been a great surprise to all the school staff, teachers, therapists, and many visitors (both medical and parents) to see how happy and confident the children become in the water. Children who move little in the classroom become relaxed and move freely in the water. Unfortunately, at present, it is only possible to give twelve children a weekly pool session.

Clinics

Children under five years of age who have minor orthopaedic defects or breathing difficulties are invited to a clinic, with their mothers, who are shown exercises and given leaflets of instructions to carry out treatment at home. Most of the mothers are very good and try hard to carry out instructions, but small children can be unco-operative and mothers say the children will often not practise the exercises as well at home as they would do for the physiotherapist at a clinic.

It has not been possible to hold regular relaxation classes but in some special circumstances it has been possible to invite a mother to a clinic following a children's session.

During this year no home treatments have been given to the chronic sick or the housebound physically handicapped. Unfortunately, it has not been possible to co-operate with the home nursing service in rehabilitating the senior citizens and helping them to retain their independence.

CONVALESCENCE

During the year, applications for convalescence were received on behalf of 10 adults – all women between the ages of 33 and 76 years, and 2 young children of one family.

Adult placings are usually made at the Blackburn & District Convalescent Homes, St. Annes-on-Sea, where financial assistance, if required, is available from the 'Cotton Towns' fund. Children under 5 years of age are placed via the Invalid Children's Aid Association and financial assistance requested from the Cinderella Fund. Occasionally requests are made for placings where the applicant is able to pay the full amount for convalescence.

Reasons for request for adult convalescence were:–

Post operative	1
Chest and Heart Condition	1
Debility	4
Bronchitis	2
Rheumatism	1
Epilepsy	1

The two children were debilitated.

Placings were finalised as follows:–

Non-assisted Requests – 2

One placing was obtained and accepted at the St. Annes Home.

One placing was requested at the St. Annes Home but was refused, presumably because of the age of the applicant and because of the chest/heart condition, this lady was referred to the British Red Cross Society for a possible vacancy.

Assisted by the Cotton Towns Fund – 7

Four places were offered and accepted,

One deferred the request indefinitely,

One did not follow up the application,

One was unable to be placed due to placing the previous year; (consecutive year placings are not accepted by the Home).

Assisted by the Salford Health Department Welfare Fund – 1

One – an epileptic – was placed at a private hotel in Blackpool, recommended by the British Epilepsy Association.

Financial assistance by the Cotton Towns Fund was not available for this applicant.

GERIATRIC GUIDANCE SERVICE

The Geriatric Service of the Salford Health Authority was inaugurated to assist the elderly in regulating their lives on a severely limited income so that they might maintain they general health in as good a state as possible. In addition to this, the routine examination employed, often reveals defects in the health of the geriatric patient. The service has steadily expanded during the past few years. It has proved to be a great benefit to the elderly, because the routine medical and investigation which the elderly receive at the clinics would be impossible for a family doctor to perform, because of lack of time.

The Geriatric Service exists to provide medical examinations for women over 60 years of age and men over 65 years of age. The clinics also have a health education value, the geriatric patient being advised about his diet, exercise and the pursuit of congenial interests.

Any adverse defects in health found during the routine examination and investigations are reported to the patient's doctor, with a view to treatment or specialists investigation if necessary. One of the problems in providing a geriatric guidance service which provides an opportunity for all pensioners to avail themselves of its advice, is the Health Department's lack of knowledge of their location.

In the normal course of events, persons can be only invited, because they have previously requested one of its services – Home Help, Chiropody, etc. – or have been notified as having been in hospital. The annual health check-up in 1968 helped to identify some elderly persons previously unknown, some of whom were invited to attend geriatric clinics in 1969 and 1970.

The work of the geriatric clinics is expanded during the school holidays, when the medical and nursing staff are less occupied with school health work.

Treatment is not the function of the clinics: this is the main role of the general medical and hospital services. It is rare to find an elderly person whose general health and well being do not benefit from the routine medical examination and advice received. Anxiety is allayed, understanding of existing problems improved and old persons guided to their doctors, dentists or opticians when necessary. Sometimes more serious diseases and conditions are found, which when treated early may avoid unnecessary suffering or possible admission to hospital.

STATISTICS

	1969	1970
Number of Clinics held	129	74
Number of invitations sent	930	546
Total attendances	633	406
Percentage Attendance	68%	73%
Average number of patients invited per clinic	6.4	7.4
Average number of attendances per clinic	4.9	5.5
Number of first attendances	279	47
Percentage of first attendances	44.1%	11.6%
Number of male attendances	186	109
Number of female attendances	447	297

LOCATION OF GERIATRIC CLINICS

NUMBER OF SESSIONS HELD:–

	1969	1970
Kersal Centre	33	22
Langworthy Centre	45	27
Murray Street	9	4
Regent Road	15	9
Police Street	6	–
Summerville	5	3
Trinity Centre	16	9

Summary of defects found in 42 persons who attended the Geriatric Clinics for the first time during 1970.

Function	Total Defects	Under Treatment	Referred to G.P.	Person Advised
Hearing	8	2	4	2
Vision	10	9	1	–
Mobility	–	–	–	–
Physical Stability	–	–	–	–
Nutrition	1	–	–	1
Dental state	4	1	2	1
Sleep	–	–	–	–
Defaecation	3	1	–	2
Micturition	2	2	–	–
Cardio-Vascular	10	4	6	–
Respiratory	2	1	1	–
Digestive System	–	–	–	–
Genito Urinary	2	2	–	–
Bones & Joints	–	–	–	–
Nervous System	–	–	–	–
Mental Health	–	–	–	–

INCIDENCE OF BLINDNESS

A1. Registered Blind Persons
A2. Registered Partially Sighted Persons
B. Ophthalmia Neonatorum

Blind Person

A.1. FOLLOW-UP OF REGISTERED BLIND PERSONS

Total number of cases registered during 1970 — 35

(i) Number of cases registered during the year in respect of which Section F.(1) of Forms B.D.8. recommends:—	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Other
(a) No treatment	8	1	—	10
(b) Treatment:—				
Medical	—	—	—	1
Surgical	—	—	—	—
Optical	—	—	—	—
Ophthalmic Medical Supervision	3	7	—	5

(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment	16

A2. FOLLOW-UP OF REGISTERED PARTIALLY SIGHTED PERSONS

Total number of cases registered during 1970 — 7

(i) Number of cases registered during the year in respect of which Section F.(1) of Forms B.D.8. recommends:—	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Other
(a) No treatment	—	—	—	—
(b) Treatment:—				
Medical	—	—	—	1
Surgical	—	—	—	—
Optical	—	—	—	—
Ophthalmic Medical Supervision	—	1	—	5

(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment	7

B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	—
(ii) Number of cases in which:—	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	

NURSING SERVICES

(1) HEALTH VISITING

The end of the year saw the setting up of the Social Services Department in Salford and the transfer of certain functions from the Health Department. As many local people have asked how this would affect the work of the health visitor, it might be useful to re-state the function of the health visitor in the words used by the Council for the Training of Health Visitors in their informative leaflet:—

"The health visitor is a nurse with post-registration qualification who provides a continuing service to families and individuals in the community. Her work has five main aspects:—

1. The prevention of mental, physical and emotional ill health and its consequences;

2. Early detection of ill health and the surveillance of high risk groups;

3. Recognition and identification of need and mobilisation of appropriate resources where necessary;

4. Health teaching;

5. Provision of care; this will include support during periods of stress, and advice and guidance in cases of illness as well as in the care and management of children. The health visitor is not, however, actively engaged in technical nursing procedures."

From this it will be seen that the health visitor provides a continuing service to families and individuals and that her work is of a preventive and educational nature. It was never her responsibility to undertake case work for families, although in practice, health visitors have done so in the absence of persons to whom referral could be made. Health visitors will still find themselves visiting homes where the social involvement is high, however, since it is often in such homes that the children are "at risk" necessitating more frequent observation and parents themselves are in greater need of health education; this will call for good liaison with the field workers of the newly established Department.

What should now be re-examined are the opportunities afforded the health visitor to fulfil her role of providing a **continuing** service to families and individuals in order to promote health and prevent disease. Good management of case loads thereby establishing groups for whom priority in visiting must be given is one thing, but highly selective visiting may also mean that unseen is unknown. One is reminded of a statement made by an overseas visitor to the Health Department; he claimed that a certain condition was unknown in his country, but further enquiry showed that no machinery existed to identify the condition.

Good use of ancillary help is another means of dealing with the heavy load of work, but the plain fact remains that most Health Visiting Sections have taken on increased work during the past few years without extra staff and this is certainly true of Salford.

Perhaps this is where the nursing background of the health visitor, invaluable as it is in many respects, is also a handicap. Traditionally nurses have accepted greater work pressures than most and this may have encouraged health visitors to carry a case load that others would simply not accept, even allowing for differences in functions.

Staff

The service remained understaffed in relation to its responsibilities. Fortunately staff losses were fewer than in the previous year and the successful completion of training by student health visitors made it possible to increase the number of health visitors overall by one.

It is not always possible to measure the effect on the population when a staff has been reduced below its optimum level, but, some interesting information came to light when the number of domiciliary visits in respect of immunisation was related to the percentage of children immunised of those born in the last five years. In 1969 when the staff was reduced abruptly and as a consequence the number of domiciliary visits dropped sharply, there was a 17.43% decrease in the primary immunisation rate for that year. The figures also showed that while it was possible to obtain an acceptance rate of over 53.54% on 1,406 domiciliary immunisation visits, it took three times that number (4,338) to reach 89.4%.

In-Service Training

The following programmes were arranged for nursing staff during the year:—

Child Development — Six tutorials conducted by Dr. R. I. Mackay, Consultant Paediatrician — attended by twelve health visitors.

"Battered Baby" Syndrome — talk by Mr. Roy Castle, Deputy Director, N.S.P.C.C. Research Unit — attended by 50 Midwives and Health Visitors.

In addition to those arranged by this department, staff participated in activities arranged locally by other organisations; these included:—

Study Day at Ladywell Hospital — theme "Care of the Elderly" attended by six health visitors and district nurses.

Manchester Health Department Refresher Course — theme "Focus on Hearing" attended by three health visitors.

Induction Courses were arranged for nine new members of staff including ancillary grades.

Fieldwork Instructor Courses
One Health Visitor completed a Course.
One Health Visitor commenced a Course.

Attachment to General Practitioners

A number of health visitors have been fully attached for some time, but others

remained outside such arrangement. Having taken all the facts into consideration, including the lack of mobility on the part of some health visitors and the single doctor practices still existing, it was decided to discontinue the remaining geographical areas as from 31st May and allocate the case load in relation to doctors' lists.

The general practitioners were informed of this change, advised of the function of the health visitor and how she might be contacted. Health visitors were encouraged to follow this up and aim for a regular weekly discussion at least, even if the doctor was not keen to have "full" attachment. Now, very few health visitors do not have a good working relationship involving regular discussion. As the doctors have only the name of one health visitor to remember, they are referring to her increasingly.

Some problems do remain, the main one being travelling over a wider area without the benefit of a car. The time has surely come to recognise that health visitors' time is too expensive to spend waiting for 'buses or walking for lack of them (a small survey is presently being carried out toassess this.) As single practices do not produce an average case load, and as it is necessary for some health visitors to work with, say, three doctors who are not grouped, the need for mobility becomes increasingly pressing.

In spite of these problems a good deal has been achieved during the year and there are now eight Well Baby Clinics conducted by health visitors in doctors' surgeries.

HOSPITAL LIAISON

(a) Paediatric — Hope Hospital

This aspect of liaison is very comprehensive and the health visitor enjoys the co-operation of medical, nursing, medical ancillary and clerical staff to make this a thoroughly worthwhile exercise. Important information which is gathered from various sources can reach the recipient immediately by telephone or by written message within a few hours.

Neo-natal Clinics

The health visitor attends both Dr. Mackay's and Dr. Mann's weekly clinic and is able to discuss the future care of the baby including arrangements for screening tests, immunisation and physiotherapy. The number of retarded children referred to local authority clinics for developmental exercises increased considerably during the year — partly due to staffing difficulties within the hospital, but mainly due to an increased number of handicapped children being examined. Interpretation of the Consultants' instructions is usually necessary for mothers of low intellect — quiet often a short discussion between the health visitor and Consultant will establish whether a child from a difficult background should be admitted rather than treated at home. The follow-up of defaulters remains an important part of this work.

Casualty Department

Information about children brought to the department in unsatisfactory circumstances, i.e. unaccompanied, badly bruised, verminous or dirty, presented as a result of domestic fire or accident, is related to the health visitor for appropriate action. Conversely, all messages from health visitors regarding social history are welcomed by the Casualty Officer.

Medical Social Work Department

Good liaison exists here also, particularly in relation to illegitimate births.

Maternity Unit

A weekly visit is made to each of the four maternity wards to note all babies "at risk". During these visits information is obtained of early discharges due to social or domestic problems and the midwife or health visitor informed.

Special Care Unit

Written bulletins on progress are sent to the health visitors. Good liaison is also maintained with other groups, i.e. ante-natal clinic, children's wards, the appliance office and others.

Royal Manchester Children's Hospital

Happily, it was possible at the end of the year to discuss the restoration of the liaison terminated in 1969 and arrangements were made for this work to re-commence in January 1971.

(b) Diabetes

During the year patients were gradually transferred from the clinic held once a week at Hope Hospital, to Salford Royal Hospital where two clinics are now held. A liaison health visitor attended both these clinics and also carried out the following domiciliary work:—

New patients visited	51
Total visits	443
Visits made to patients (non-diabetic) for other reasons, e.g. special investigations	86

(c) **Tuberculosis and other Chest Diseases**

Hope and Ladywell Hospitals

There was an increase in the number of notified cases of Tuberculosis; 45 compared with 34 last year — including 3 cases of non-respiratory tuberculosis in adults.

Interchange between the hospital and the Health Department continued and the close liaison between health visitor and ward sisters and medical social workers was maintained.

The total number of patients interviewed by the health visitor was 230, of whom 91 were admissions to Ladywell Hospital.

The number of contacts who had BCG vaccinations showed a decrease; to some

extent because children had received this protection at school, and to a reduced number of clinic sessions owing to sickness of medical staff.

Some patients were involved in handling food or working in premises connected with food and the co-operation of the Public Health Inspectors was sought.

Salford House — (Male lodging house)

Monthly visits were made to this establishment to check the health of known cases and to ensure regular attendance at the chest clinic.

Comparative figures

	1970	1969
Number of cases notified	45	34
Number of hospital admissions	91	134
Number of interviews with patients	230	310
Number of interviews with Consultants	120	178
Number of interviews with general practitioners	10	14
Number of Mantoux tests	206	293
Number of B.C.G. Vaccinations	154	209

Ladywell Hospital — Respiratory Failure Unit

All Salford patients discharged from this Unit were followed up by domiciliary visiting and these visits provided a good opportunity for individual health teaching.

Number of new patients visited after discharge from Respiratory Failure Unit	50
Total patients visited	224

CARE OF THE ELDERLY

Fewer visits overall (1,762) were made to this group because of unresolved staffing difficulties which coincided with an increase in other types of work. For preventive work to be carried out effectively, visits must be increased as the number referred to the service increases.

Special attention was given to those elderly persons living in bed-sitting rooms in multi-occupied property. These rooms are often large, cold and draughty. If the old person tries to economise on heating to offset other costs, the risk of hypothermia is greater. In this situation cooking facilities are usually limited also and dietary advice becomes essential.

Hospital Liaison

Good liaison was maintained by the weekly attendance at Ladywell Hospital by the Specialist Health Visitor and telephone communication as appropriate.

Statistics

Number on register at beginning of the year				6,187
New cases referred —	Males	= 299		
	Females	= 640		939
			Total	7,126
Removed from register				
Died				594
Admitted into Local Authority Homes				58
Admitted into Private Nursing Homes				10
Removed from area				212
Too young to be retained on register				2
Referred to Mental Welfare Officer				24
				900
Total remaining on register at 31.12.70.				= 6,226

New Referrals

Age groups

60–65 years	154
65–70 years	215
70–75 years	254
75–80 years	158
80–85 years	104
85–90 years	27
90–100 years	8
Under 60 years	19
	939

State of activity

Ambulant	415
Semi-ambulant	264
Home-bound	160
Bed-bound	100
	939

Sources of referral

Civic Welfare	27
Found in course of visiting	120
Family doctor	103
Area Health Visitor	14
Home helps	26
Hospitals	198
Mental health department	8
Relatives and friends	113
Public Health Inspectors	7
Housing Department	120
Home Nursing Section	13
Practice with attached H.V.	3
Self referral	145
Other agencies	42
	939

Reasons for referral

Chest complaint	46
Rheumatism	51
Nervous diseases	32
Cardio-Vascular disease	63
Vascular condition	49
Carcinoma	24
Diabetes	7
Blind	11
Senile	9
Malnutrition	2
Mental stress	15
Advice and care	314
Miscellaneous	316
	939

REGISTERED CHILD MINDERS

As during 1969, the majority of persons who applied for registration during 1970 did so because they had agreed to mind a child for a friend or neighbour and a friendly arrangement, rather than a business transaction, existed. However the fact that payment is made for their services means that they must apply for registration.

Lists of people who are registered child-minders are not given to members of the general public because the majority would not be interested in minding children not previously known to them and might regard enquiries and calls from total strangers as an intrusion into their privacy.

There are, however, a small number of registered child-minders who are prepared to offer daily care to children as a commercial undertaking. The names of these

individuals are sometimes given to health visitors and other field workers with some details of the type of home etc. in order to place the child in the most appropriate environment.

Some people who have contemplated child-minding as a business venture and might therefore supplement the shortage of day nursery accommodation are soon discouraged by the lack of adequate remuneration for what, if done conscientiously, is a responsible and demanding job of work.

The people who are most in need of the services of a child-minder appear either unwilling or unable to pay as much for these services as they would have to pay for subsidised local authority nursery places were these freely available.

It is unfortunately true that whilst economic considerations, whether personal or national, cause mothers of young infants and children to seek additional work outside the home, and in the absence of sufficiently trained and really suitable persons and premises where their children can be cared for, there will continue to be some children who will be placed, by the parents, in environments which cause the children to lose both emotionally because of the prolonged separation from their mothers and intellectually because of lack of stimulation.

Number of child minders registered at the end of 1969	66
Number of new applications received and investigated during 1970	55
Number of applications subsequently withdrawn	6
Number of persons registered during 1970	44
Number of persons refused registration	1
Number of registrations cancelled during 1970	24
Number remaining on the register or pending registration at the end of 1970, representing accommodation for 142 children	90

Number registered for 1 child	60
Number registered for 2 children	22
Number registered for 3 children	7
Number registered for 4 children	1

Visits of investigation and supervision	164
"No access" visits	40

VOLUNTARY PRE-SCHOOL PLAYGROUPS

A further two playgroups became registered during 1970, making a total of 14 within the City. A third group which has been formed to meet the play needs of children in an area of multi-storey flats and redevelopment has had great difficulty in becoming established in spite of the valiant efforts of a small group of mothers. It would appear that the increased rents and other expenses which a family incur on being rehoused make such inroads into the family income that the apparent "luxury" of a playgroup costing about 50p per week for each child is out of the question. Although there is provision for local authorities to meet the fees for playgroups on social grounds, no applications have so far been made to Health Committee. Perhaps field workers find it difficult to isolate individual families and children who might come into this category when contemplating the very many families known to them.

Another difficulty would also be to convince the mothers of such children of the value of playgroup experience so that they would maintain the effort of taking and collecting them from playgroup. This is an area of work where the availability of the transport would be invaluable.

Playgroups are held in the following types of premises:—

Local Health Authority Clinics	4
Education Department premises	1
Church Halls	8
Community Centre	1
TOTAL	14
Total number of children registered	474

32 visits to playgroups were made during 1970, in order to give support and advice as required and at the same time exercising the supervisory function laid down in the amended Nursery and Child-Minders Act, 1968.

Future work in connection with both Registered Child-minders and voluntary pre-school playgroups will be carried out by the staff of the Social Services Department. Responsibility for both areas of work under the amended Nursery and Child-minders Act has been transferred to them as from January 1st, 1971.

THE ILLEGITIMATE CHILD

One of the two Mother and Baby Homes closed in May 1970 and it is known that the remaining one is less busy than formerly.

The number of girls given financial assistance in relation to hostel accommodation was 9 (16 in 1969). Fees for outdoor case work were paid in respect of 89 women.

A health visitor continues to have close liaison with the staff of the Home, with particular reference to the babies of those mothers who are in for a longer than average period. Immunisation and screening procedures have been carried out so that these babies did not miss the opportunities afforded to babies living in their own home. For this reason liaison will continue, even though the responsibility for unmarried mothers is transferred to the Social Services Department as from 1st January, 1971.

506 illegitimate births were registered in the City; 243 gave outside addresses and 263 gave Salford addresses. Of the Salford residents, 235 were known to health visitors.

Ages of mothers

15 years	4
16 years	10
17 years	13
18 years	20
19 years	13
20–24 years	71
25–29 years	38
30–34 years	24
35–39 years	15
40–44 years	2
Not given	25
	235

Status of mothers

Single	152
Widow	2
Divorced	10
Married	19
Married/Separated	33
Not clarified	19
	235

Support afforded to mothers

Co-habiting	88
With family/friend	86
Living alone	16
Temporary arrangements or not known	45
	235

STATISTICS

TABLE I

DOMICILIARY – HEALTH VISITORS/CLINIC NURSES

Type of Visit	Access	No Access
Visits to children 0–5 years	33,574	
Visits to physically handicapped children 0–18 years	1,052	
Visits to mentally handicapped children 0–18 years	359	
Visits to physically handicapped adults	369	
Visits re. immunisation	(1,592)	
Visits to elderly persons	10,879	
Visits to persons under 60 years referred to elderly section	328	
Visits to elderly persons with Consultant to assess priorities	14	
Visits re. mental health	294	
Visits re. tuberculosis including contact tracing	531	
Visits re. infectious disease	122	
Visits re. hospital follow-up	914	
Visits re. infestation	386	
Visits to expectant mothers	603	
Visits for social reasons	2,667	
Visits to assess housing priority	1,134	
Visits to parents of school children	1,938	
Miscellaneous visits	1,176	
	56,340	10,110
GRAND TOTAL	66,450	

TABLE 2

CHILD HEALTH CENTRES

Type of session	Number
Child health	1,607
Screening tests of hearing	120
Geriatric advisory	90
Cytology	51
TOTAL	1,868

TABLE 3

OTHER ASPECTS OF WORK/HEALTH VISITORS

Type of work	Number
Liaison visits – doctors' surgeries	1,705
Visits to ante-natal clinics	227
Well-Baby clinics	453
Health team discussions	169
Consultant clinic – hospital liaison	427
Ward round – hospital liaison	445
Health education talks, other than school	49
Blood samples obtained re. metabolic disorders (Scriver Test)	2,316 + 126 repeats
Immunisation injections given	6,798
Number of doses of poliomyelitis vaccine given	6,802

TABLE 4

SCHOOL HEALTH WORK *
HEALTH VISITORS/CLINIC NURSES/NURSING AUXILIARIES

Number of children examined at Health Survey	17,602
Number of children who had vision tested	19,422
Number of children examined for infestation	33,460
Number of children re-examined for infestation	4,609
Number of children cleansed	115
Number of school visits for discussion with Head Teacher	1,736
Number of Health Education talks	275
Number of diphtheria and tetanus injections given	1,525
Number of measles vaccination injections given	905
Number of rubella vaccination injections given	391
Number of doses of poliomyelitis vaccine given	1,805
Number of tetanus vaccine injections given	209
Number of minor ailment clinics attended	208
Number of sessions in school or clinic to carry out or assist at examinations	3,120

*Reported more fully in the School Health Report

TABLE 5

NURSING AUXILIARIES – DOMICILIARY WORK

	Visits	No Access
Bathings – elderly persons	2,062	
Foot hygiene – elderly persons	3,225	
Hair washing – elderly persons	46	
Elderly persons – disinfested	31	
Handicapped adults bathed	2	
Infestation visits	90	
Miscellaneous visits	1,095	
Totals	6,551	1,111
GRAND TOTAL	7,662	

TABLE 6

NURSING AUXILIARIES – CLINIC DUTIES

	Sessions
Assisting at Child Health Clinics	306
Assisting at Immunisation Clinics	4
Assisting at Chiropody (Adults)	402
Assisting at Screening tests of hearing	97
Special bathing (motherless children)	41
Cleansings	227
Scabies	8
GRAND TOTAL	1,085

TABLE 7

NURSING AUXILIARIES – MISCELLANEOUS DUTIES

	Sessions
Syringe Unit	414
Escort duties	13
Day Training Centre	124
Clerical	27
GRAND TOTAL	578

(2) DOMICILIARY MIDWIFERY

By comparison with similar sized County Boroughs, Salford midwives were responsible for a greater number of mothers than many of their colleagues, in spite of a further decline (13.58%) in the domiciliary birth rate. This is accounted for by the number of deliveries undertaken by midwives in the G.P. Unit at Hope Hospital, in addition to those delivered in patients' own homes, and by the high number of early hospital discharges. It will be noted from the statistical information that the number of discharges under 4 days did not fall far short of the number of deliveries undertaken at home and in the G.P. Unit.

As the staffing position must be related to the decrease in some aspects of work, no new appointments were made in this service during the year. At the same time the unpredictability of midwifery calls cannot be ignored, nor can the time which is "lost" in calls not terminating in labour, and the variable periods in actual labour. It was, therefore, considered essential to include proposals for a two-way radio system in the 1971/72 Estimates, as quick communication is essential when operating with a reducing staff.

Statistics

Domiciliary Bookings			
Booked for home confinement	263		
Booked for G.P. Unit	535	Total	798
Cancellations home confinement	83		
Cancellations G.P. Unit	126	Total	209
Home and G.P. Unit Deliveries —			589
Home Deliveries			
Doctor booked and present	11		
Doctor booked, not present	280		
Doctor not booked and present	Nil		50.40%
Doctor not booked and not present	1		
G.P. Unit			
Doctor booked and present	27		
Doctor booked and not present	260		49.56%
Doctor not booked and present	Nil		
Doctor not booked and not present	Nil		
Domiciliary deliveries formed	11.39%		22.58% of total
G.P. Unit deliveries formed	11.19%		Salford births
Hospital discharges (number of mothers)			
Under 4 days	427)		
4–10 days	1,281)		1,791
Over 10 days	83)		

Home Visits	
Ante-natal visits	3,840
Home investigations	2,046
Labour call visits	1,940
Post-natal visits	12,094
Other visits	69

Ante-natal Clinic sessions (per week)	
Local Authority	7
Family doctor attachment	14

Special Care Service Visits

Referrals (not visits) of Babies 5lb. 8 oz. and under:—

(a)	by hospital	148
(b)	by G.Ps	3
(c)	from G.P. Unit	4
(d)	by other Local Authority staff	10

Referrals (not visits) of Babies 5lb. 9oz. and over:—

(a)	by hospital	36
(b)	by G.Ps	3
(c)	from G.P. Unit	3
(d)	by other Local Authority staff	9

These referrals involved 4,210 visits.

In addition, the Special Care Sisters made 1,580 visits to mothers.

Survey

During the year midwives participated in the British Births Survey.

(3) HOME NURSING

Recruitment difficulties in this service continued to cause concern and it was never possible to reach the full establishment at any time during the year. There was an increased number of persons overall using the service — 2,228 in 1970 (2,161 — 1969), and an increased number of visits required by the patients — 53,779 in 1970 (44,883 — 1969).

If the type of patient referred is considered, it is seen that a high proportion require time-consuming visits and some require visits over a long period. Of the overall visits made, 75.94% were to persons over the age of 65 years. Of the conditions treated, 26.58% were to patients suffering from conditions such as carcinoma, heart disease, stroke and diseases of the central nervous system.

Staff stability is the most urgent need for this service, otherwise there is little prospect of meeting any increase of work as a result of the earlier discharge of patients from hospital, nor will it be easy to implement the hospital liaison proposals already discussed.

Retirement

Miss B. Egan, Assistant Principal Nursing Officer (Home Nursing) retired in September after 9 years' loyal service.

Statistics

Table 1

Number of patients brought forward from 1969	570
Number of new patients	1,658
Total	2,228

Table 2

Domiciliary Visits

Condition	AGE GROUP 0–4	5–18	19–59	60–64	65+	Total all age groups
Anaemia	–	–	725	558	6,653	7,936
Arthritis	–	25	584	168	1,877	2,654
Cancer	–	49	1,484	427	2,935	4,895
Central nervous system disease	–	22	1,460	458	708	2,648
Complications of pregnancy	–	1	62	–	–	63
Diabetes	66	47	80	762	9,658	10,613
Heart disease	1	5	205	101	1,464	1,776
Infectious disease	115	98	92	16	47	368
Mental illness	–	13	157	35	252	457
Post-operative surgical cases	43	34	1,157	288	2,224	3,746
Other surgical cases	50	35	1,127	488	5,024	6,724
Respiratory disease	16	17	154	71	1,154	1,412
Stroke/circulatory disease	–	1	311	343	4,322	4,977
Tuberculosis	–	2	389	28	183	602
Other	24	47	372	123	4,342	4,908
	315	396	8,359	3,866	40,843	53,779

Table 3

Work carried out	Doctors' Surgeries	Local Authority Clinics
*Cytology – smears taken	311	229
Dressings	2,450	576
Ear Syringing	656	95
Injections	2,727	2,558
Other	207	279
	6,351	3,737

*Domiciliary Cytology tests – 23

Laundry Service

23 persons used this service, which has diminished by the use of disposables.

Loan Service

814 items were loaned during the year.

STUDENT TRAINING – NURSING SERVICES

Training leading to qualification or certificate	
Student District Nurses	5
Bachelor of Nursing students (district nurse training)	10
Sponsored Health Visitor students	3
Bachelor of Nursing students (Health Visitor training)	8
Student Health Visitor (other Authority)	1
Student Midwives – six months' training	3
Student Midwives – three months' training (i.e. 3/12 in hospital; 3/12 district)	27
Obstetric Certificate students	46
Special Care students	8
Students attending for talk and visits of observation	
Hospital student nurses (Junior and Senior)	162
Post-graduate students	16
Nursery Nurse trainees	43
Student teachers	7
Child Care student	1

DAY NURSERIES

It was with regret that the end of the year saw the transfer of this work to the Social Services Department.

Day Nurseries are, with rare exceptions, full of healthy children for whom the health visitor has a defined responsibility. The fact that most of the children are from one parent homes does not necessarily produce a social problem beyond the scope of the health visitor; for the few for whom this applies it was always the practice to refer to the appropriate social agency. Many one parent families adjust extremely well.

As the transfer was inevitable there was some satisfaction in the fact that the nurseries could be handed over as efficiently run units.

During the years, although limited by finance, it has been possible by careful planning and budgeting to replace and improve much of the outdated equipment. Recruitment has been improved and good progress made towards the implementation of the Department of Health policy that only trained staff viz. Nursery Nurses, State Registered Nurses, or Sick Children's Nurses should be employed. In 1965 only 37% of the staff were trained: at the end of 1970 52.3% were trained.

The average attendance improved as a result of measures discussed in earlier reports to reduce wastage through absenteeism.

AVERAGE DAILY ATTENDANCE 1965–1970

Year	No. of Day Nurseries	Average daily attendance	Percentage per number of available places
1965	3	96.2	68.7% for 140 places
1966	3	109.92	78.51% for 140 places
1967	3	117.33	83.8% for 140 places
1968	(Eccles Old Road– part year excluded) 2	76.08 *	80% for 95 places
1969	2	85.21	89.16% for 95 places
1970	2	85.46 †	89.4% for 95 places

* the slight drop in attendance was as a result of a temporary halt in admissions to allow the gradual transfer of children from the nursery closed that year.

† attendance during 1970 was exceptionally good and but for 7 weeks made up of school holidays and the Christmas holiday, the average daily attendance was 88.99 – 93.6% for 95 places.

One continuing difficulty was the inability to meet the demand for places, even among priority groups, although the overall number of applications was lower in 1970 than in previous years i.e. 367 (425 in 1969).

The waiting list at the end of the year was 116 (97 in 1969); this was because fewer vacancies occurred. 129 children were withdrawn in 1970 as opposed to 148 in 1969. A higher proportion of the places offered were accepted in 1970 i.e. 72.6% against 60.9% in 1969.

Statistics

The code letters used throughout the following tables should be interpreted as follows:–

All priority groups – Letters do not indicate order of priority, each case being considered individually

(A1 Illness of father
(A2 Illness of mother
(A3 Confinement
(B1 Acute Social Problem
(B2 Handicapped child
(B3 Behaviour problem
(C1 Unmarried mother
(C2 Widowed
(C3 Separated
(C4 Divorced
(D Mother in essential employment (Teachers, Nurses etc.)

E Financial – non priority

TABLE I

WAITING LISTS

	A1	A2	A3	B1	B2	B3	C1	C2	C3	C4	D	E	TOTAL
On Waiting List 31.12.69	1	–	2	19	–	–	19	–	5	–	3	48	97
New Applications 1970	4	21	3	41	1	1	55	9	85	12	12	26	270
Total Applications	5	21	5	60	1	1	74	9	90	12	15	74	367
Withdrawn from Waiting List	1	2	–	19	1	–	5	1	11	3	2	34	79
Places Offered	4	17	5	18	–	–	44	8	57	7	11	1	172
Still on Waiting List 31.12.70	–	2	–	23	–	1	25	–	22	2	2	39	116

TABLE II

REASONS FOR WITHDRAWAL FROM WAITING LIST

Made other arrange-ments	Removed	Outside Salford	Day-minded	Gone to School	Refused Immuni-sation	Lost Trace	Mother not working	Children in Care	Mother Pregnant	Other	Parents Reconciled	TOTAL
22	11	2	5	6	4	18	1	3	4	2	1	79

TABLE III

NUMBER OF CHILDREN IN NURSERIES DURING 1970

	A1	A2	A3	B1	B2	B3	C1	C2	C3	C4	D	E	TOTAL
Number on Register 31.12.69	3	9	1	11	2	–	40	5	34	3	5	1	114
Admitted during 1970	1	15	5	17	–	–	26	8	39	4	6	–	121
Withdrawn during 1970	2	17	5	17	2	–	29	9	39	3	6	–	129
No. on Register 31.12.70	2	7	1	11	–	–	37	4	34	4	5	1	106

TABLE IV

REASONS FOR WITHDRAWAL FROM NURSERIES

Absenteeism	Taken into care	Returned to mother	Returned to father	Removed	Admitted to School	Increased Fee	Mother pregnant	Made other arrangements	On doctor's advice	Parents reconciled	Parents re-married	Transferred to Nursery School	Mother not working	Reason unknown	Temporary admission (Mother ill)	Temporary admission (confinement)	Temporary admission (Social problem)	TOTAL
44	1	2	1	12	18	5	6	3	2	6	3	1	11	1	9	3	1	129

TABLE V

VACANCIES OFFERED – ACCEPTED AND NOT ACCEPTED

	A1	A3	A3	B1	B2	B3	C1	C2	C3	C4	D	E	Total
Places Offered Children Admitted	1	15	5	14	–	–	26	8	46	4	6	–	125
Places Offered not accepted	3	2	–	4	–	–	18	–	11	3	5	1	47
Total Places Offered	4	17	5	18	–	–	44	8	57	7	11	1	172

TABLE VI

REASONS FOR NON-ACCEPTANCE OF VACANCIES OFFERED

No reply to letter	Made other arrangements	Fees too High	Removed	Parents Reconciled	Mother ill Name back on Waiting List	Reason Unknown	TOTAL
26	6	5	3	1	2	4	47

CHIROPODY SERVICE

The Chiropody Service continues to provide chiropody for the aged, handicapped and expectant mothers. Generally, because of the heavy demand for treatment, the period between appointments for walking cases was between 9 and 12 weeks.

There were 4,147 patients treated in the clinics during 1970 and 1,014 on the register, giving an average of 4 visits per patient per year.

The Ambulance Service continued to give invaluable assistance, bringing patients to the clinics who were unable to use public transport.

The interval between appointments for ambulance patients was up to 14 weeks. Another session had been requested but had to be denied owing to pressure on the ambulance service.

The domiciliary patients, the housebound, were visited approximately every 12 weeks. The number of new cases referred was 134, bringing the total of patients on the domiciliary register to 214. There were 742 treatments, giving an average of one visit every 14 weeks.

The majority of patients treated were the aged and it is essential that foot comfort be maintained to keep them mobile. Some patients are referred to their general practitioners for check-up and advice (e.g. circulatory disturbances). Good relations exist with the Geriatric Unit at Ladywell Hospital and the Diabetic Clinic at Salford Royal Hospital. Many patients were referred by the hospitals and by the Health Department to the hospitals.

To summarise, the chiropody service is increasing steadily, and the present staff will have to be supplemented to meet the demand that is certain to come during 1971.

The statistics of the work carried out are as follows:—

Total Number of Treatments Given at Clinics

	Male	737		
	Female	3,410		4,147
Langworthy Road Clinic				
Sitting Car Cases	Male	88)		
	Female	536)	624	
Walking Cases	Male	229)		
	Female	1,153)	1,382	2,006
Regent Road Clinic				
Walking Cases	Male	64)		
	Female	291)		355

Murray Street Clinic

Walking Cases	Male	153)	
	Female	751)	904

Kersal Clinic

Walking Cases	Male	94)	
	Female	400)	494

Trinity Clinic

Walking Cases	Male	109)	
	Female	279)	388
			4,147

Total Number of Clinic Sessions Held

Sessions at Langworthy Road	290
Sessions at Regent Road	50
Sessions at Murray Street	132
Sessions at Kersal Centre	69
Sessions at Trinity Centre	50
	591

Total Number of Patients Invited to Clinics

Attended		4,090
Defaulted		663
		4,753

	Invited	Attended	Defaulted
Langworthy Road	2,334	1,999	335
Regent Road	413	337	76
Murray Street	1,041	897	144
Kersal Centre	556	488	68
Trinity Centre	409	369	40
	4,753	4,090	663

Attended	4,090

Additional Cases

Dressings	31	
Emergency	26	
Attended		57
		4,147

Average Number of Treatments Per Session

4,147	Treatments		
591	Sessions	=	7 per session

Number of Treatments to Handicapped Persons at Clinics

(Included in Total Figure)

Male	41	
Female	69	110

Total Number of Patients on Clinic Register at December 31st 1970

Number of Walking Cases	833
Number of Sitting Car Cases	181
	1,014

Number of New Cases Referred During 1970 273

Domiciliary Chiropody

Number of Treatments Given

Male	104	
Female	638	742

Number of Treatments to Handicapped Persons (included in Total Figures) 34

Total Number of Patients on Domiciliary Register 214

Total Number of New Cases Referred 134

Grand Totals of Clinics and Domiciliary

Total Treatments Given	4,889
Total Number on Registers	1,228
Total Number of Handicapped Persons Treated (Included in Total)	144
Total Number of New Cases Referred 1970	407

HOME HELP SERVICE

1970 started with a much lower case load and a correspondingly reduced number of home helps than in previous years, as a result of the severe restrictions imposed in 1969. This meant that the main work of the year was the restoration of the Service to those cases from which help had been withdrawn the previous year; this progressed in relation to the recruitment of home helps which was slow. It was important to watch that the exigencies of the service did not lead to the appointment of a less desirable type of person than in the past. Although cleaning forms a major part of home helps' work, it is essential to appoint women who can appreciate the difficulties and frustrations besetting old people and can therefore approach them with sympathetic understanding.

The staff turnover, which is usually high, was lower in this particular year and more home helps were recruited than lost, so that at the end of the year there was a gain of 59, bringing the total number to 212 home helps working the permitted number of hours. It would have been unfortunate had it not been possible to make full restoration before transferring the service to the Social Services Department at the end of the year.

Summary of work undertaken

Brought forward from previous year	1,495	
New cases referred – assisted	602)	812
New cases referred – not assisted	210)	
Cases terminated	402	
Case load at year end	1,695	

Source of referral of new cases

Medical & Allied Services

General Practitioners	55		
Health Visitors	238		
District Nursers	41		
Midwives	5		
Medical Social Workers	136		
Mental Welfare Officers	7		
Clinic Nurses	4		
Nursing Auxiliaries	1		
	487	–	59.9%

Others

Civic Welfare	66		
Home Helps	7		
Councillors	8		
Cripples Help Society	1		
Social Security	31		
Caretaker of flats	1		
Voluntary Social Welfare Officers	9		
Public Health Inspectors	2		
	125	–	15.4%

Referrals from Patients, Friends, Relatives

Self referrals	81		
Relatives	70		
Friend/Neighbour	49		
	200	–	24.7%

MENTAL HEALTH SERVICE

"Truly I do not like them, the compassionate who are happy in their compassion, they are too lacking in shame. If I must be compassionate I still do not want to be called compassionate; and if I am compassionate then it must be from a distance."

"Thus Spoke Zarathustra": Nietzsche

INTRODUCTION

It is a truism that human behaviour is unpredictable; that in any given circumstance a man may choose to do one thing or its complete opposite, and that no one can guess with certainty which alternative that man will choose. Predictability being, as it is, the yardstick needed to guarantee respectability to scientific research, it is not surprising that social scientists are constantly open to attach by their colleagues who enquire into physical phenomena. Apples will fall from trees in the right conditions but men will choose to defy gravity when it suits them so to do. The measurement of Man needed to provide for his well-bring is a complex affair. Battles rage between social scientists who use intuition to describe large sectors of human behaviour and those who with the criteria of exact science, limit themselves to small but important aspects of the condition of Man. Both approaches seem to be important in their own ways, but it is the reconciliation of the two that produces the most accurate picture of our society. In medicine this problem has been at least recognised. Doctors are taught the ' art" of medicine as well as the "science" of their trade, but the art continues to be long and time consuming. Nonetheless the competent medical practitioner brings to his patient a tradition that the doctor will allow the discussion of deeply personal problems in confidence, and that he will assist the patient to describe areas of his experience accurately, even when the patient's ability in this respect is limited. There is a recognition in medicine that pain is very personal and difficult to assess. In no branch of medicine are these problems so acute as in psychiatry — to grasp the hidden experiences of another individual when he cannot put them into words is distinctly tricky, but it is clearly possible and is certainly a fascinating task. Psychiatry is nowadays recognised as a necessary discipline that can help large numbers of distressed people realistically, effectively, and quickly.

Community psychiatry, the practice of treating people in their own environment so far as is possible, has flourished in Salford. Previous annual reports have described advances and achievement. The report for 1969 looked to future questions and scanned the progress of ten years past, and in this year, the last in which the Mental Health Service will remain part of the Health Department, it is appropriate to consider the impact of new legislation on this area of activity. Basically the mental health services have had two functions — the provision of social work support, assessment and treatment of mentally disordered persons and their families together with responsibility of educating the severely subnormal child. From January 1971, the Local Authority Social Services Act 1970 will provide social work services to the entire community and mental health social work will become the responsibility of the Director of Social Services. At the same time the Education (Handicapped Children) Act 1970 will make the provision from 1st April, 1971 that no child will be classed as unsuitable for education and junior training centres for severely subnormal children will be administered by Local Authority Education Committees, an action that meets

with the great approval of parents since it will help to cut down the public discrimination against such children that is met with sufficiently often to make their lives uncomfortable.

There has been a great deal of passionate dispute prior to these enactments and much of it has rested on the question of medical oversight of all mental disorder. Many doctors have felt genuinely that the removal of large numbers of medically abnormal people from the direct responsibilities of Medical Officers of Health is a retrogressive action rather than a step forward. Counter arguments have been expounded and certainly they have won the day. There is undoubtedly a great deal of commonsense in the abolition of a separate educational system for subnormal children and since the School Health Service operates already in close liaison with the Education Department no great difficulty can be seen to prevent the continuation of two disciplines working in harness with this particularly vulnerable group of people. Similarly the amalgamation of social work services has been long overdue in that shared resources must be more economical and artificial barriers between social service departments have been a definite hindrance to the provision of help to the many individuals whose problem was not obviously one of physical or mental handicap, child care or old age.

At the close of a year that has seen the mental health service re-staffed with personnel suitable to carry on the tradition of innovation and commitment in this field, which has been one of Salford's most publicised achievements, it is timely to wish the Director of Social Services and the Director of Education good fortune as they assume responsibility for some of the most knotty problems that beset society today. Good wishes could perhaps be coupled with a little affirmation of the more important ideas that have dictated the development of Mental Health in its Health Department days. Of these the first must be that although mental disorder prevalence rates are still rising the problems presented are at least finite. The object of a Mental Health Service is only to return people to a condition of freedom from illness or, when this is not possible, to alleviate their illness to such an extent that they are not chronically dependent. It is worth stating the obvious only because the obvious is sometimes forgotten and yet it has been the constant recognition of this simple aim that has made the Salford Mental Health Service what it is. The dispassionately held idea that curing people is all important, and that better than cure is the prevention of illness arising, has generated all the developments of ten years. Research about the size of the problem, about what the problem is and about methods to deal with it has brought a stream of very able people into the City. Doctors, social workers and teachers have worked as a team to find answers to problems and yet sometimes have found themselves able only to ask the right questions in a systematic way. Because they have worked closely together to achieve a simple aim, doctors, social workers and teachers have realised each other's limitations, acknowledged their own, and have grown to respect one another. Whoever has stumbled on the best solution has been able to teach his colleagues; the whole service has benefited, and the patient/client has been most effectively treated.

Medicine, Education and Social Science share the common problem of limit setting. Medicine has found a base line in the idea of illness; a certain security which is useful in a no-man's land. Medicine must realise, however, that the narrow illness concept may be a hindrance to the progress of a society and it must allow other models for the measurement of Man to be exploited, for they may be more appropriate. Not to do so would be to fail in medicine's ability to be dispassionate and therefore must lead to a

poorer world. The lesson learned in the development of the Salford Mental Health Service has been that teamwork produces the best results. A larger team ought therefore to be more effective still. Time has told us that much. To the Education Department is handed over the Margaret Whitehead School, perhaps one of the finest buildings for children in the City, and with the school goes a staff of teachers who have provided a very high standard of service to the children. The staff will benefit from full recognition as specialised schoolteachers and of itself this change in their status must ultimately bring benefit to the children. To the Social Service Department to all other Mental Health Service provisions, including the buildings for adult subnormals, and mentally ill day patients. If it proves true that amalgamation brings economies it will be heartening to see improvements in the physical conditions offered to hostel residents and day attenders — a long felt need in the service. With the buildings and staff goes the tradition, perhaps the most hard won item on the inventory. If the tradition is preserved and added to by new resources in knowledge of teaching techniques and environmental action Salford's achievement will continue to be of a very high order. The annual report of mental health activity in 1980 may well be a very fine document.

SOCIAL WORK STAFF

This year has been one of rapid change. Mr. G. H. Mountney, the Chief Mental Welfare Officer, and his Deputy, Mr. W. H. Douglas, both left in the earlier part of the year to take up social work teaching posts. An unfortunate coincidence of events meant that other social work staff also left the department so that for the first six months the social work services offered were severely depleted. Happily new staff were found systematically and by October the department was meeting all commitments adequately, including hospital joint-appointment posts and attachments to family doctor teams. By the end of the year the department was up to social worker establishment and had recruited people who were either qualified or at least of university graduate standard. An intensive training and orientation programme ensured that the service was adequate not only numerically but also in terms of quality of service offered. A great deal of work was necessary, however, to bring this process about and, although the experience was very stimulating, little time remained for innovations in activities.

HOSPITAL SERVICE FOR THE MENTALLY SUBNORMAL

The first major change in hospital services for the mentally subnormal occurred in mid-summer when the Manchester Regional Hospital Board decided that Salford should become part of the catchment area for Cranage Hall Hospital rather than that of Brockhall Hospital.

The process of co-operation has been greatly assisted by Dr. C. G. Kanjilal, the Medical Director of Cranage Hall, who has provided monthly out-patient facilities in the City and who unhesitatingly agreed to the creation of a jointly-appointed Senior Mental Health Social Worker post at his hospital. Already the benefit of this arrangement is being noticied and there is every reason to suppose that the new liaison will prove as successful as established relationships with Springfield and Hope Hospitals.

Much gratitude is owed to Dr. Kratter and his staff at Brockhall Hospital who have provided a very good service in the past. Relationships between the Mental Health Service and Brockhall necessarily continue for some years since the majority of hospital cases from Salford remain at Brockhall.

COMMUNITY FACILITIES

(a) Hostels

Both Crescent and Kersal Hostel were quickly brought up to strength during the year by the necessary staff recruitment, and continue to assist people from hospital back into the community. The physical state of both buildings does continue to give concern, however, and the fact that there has been insufficient revenue to fill two posts of assistant warden on the residential care establishment has made for a strenuous experience on the part of existing staff. Residential workers do need adequate respite from the intensive community life that is their job; without it their efficiency is lowered and residents' problems must remain ineffectively dealt with.

(b) Day Centres

Acton Square Rehabilitation Centre has functioned well during the year with the assistance of a post-graduate student, Mr. S. Richards, who has successfully combined valuable work with his research programme.

Cleveland Day Centre felt the retirement of Miss G. Williams, Centre Assistant, after 14 years service. Mrs. K. Jones was recruited to carry on the work. Lack of space and inadequate transport facilities curtail the work that might be undertaken as always, but there is hope that more adequate facilities may be provided soon.

(c) Training Centres for the Subnormal

Erection of the new adult training centre at Charles Street has commenced and should be completed in January 1972, so bringing to an end the need for makeshift arrangements at Hulme Street and Crescent. A Special Care Unit is to be included in the building and will provide special facilities for severely multiple handicapped people who might otherwise be confined to hospital.

Mrs. L. McAlpine, Senior Assistant Supervisor at Crescent Centre, left early in the year and the service was especially fortunate to re-establish posts for two qualified members of staff shortly afterwards. The impact of professionally qualified staff is immediately obvious and most help the attainment of greater independence for the trainees who are in our care.

(d) Social Clubs

The Gateway Club, Stepping Stones, and Cleveland Young People's Club contine to provide social facilities in the evenings for various groups of mentally disordered people. Social work staff attend regularly, and they further contacts with the volunteer workers whose assistance is so essential to the continuation of these activities.

SALFORD SOCIETY FOR MENTALLY HANDICAPPED CHILDREN

Once again thanks are due to members of the society for the provision of hospital Christmas gifts, parties for mentally handicapped children, and their untiring efforts to improve general knowledge of the special problems involved in this work. A particular innovation of the membership this year has been to provide a holiday guest house at Southport to give the opportunity of low-cost accommodation which includes all the necessary domestic adaptations to Salford families with mentally handicapped children. This is yet a further aid to parents which must help them in the struggle to keep down hospital admission rates.

APPENDIX I

Sources of Referral for Mental Illness to Salford Mental Health Service in 1970

Agency	Male	Female	Total
General Practice	70	107	177
Health & Welfare Voluntary Organisation	26	40	66
Hospital Psychiatrist	84	137	221
General Hospital	10	10	20
Relatives	32	35	67
Police/N.S.P.C.C.	7	4	11
Others	33	45	78
Total	262	378	640

This table does not include 6 referrals for Social Histories only.

APPENDIX IIA

All Notifications of Female patients referred to Salford Mental Health Service 1970 by source of referral and disposal

	G.P.	Health/ Welfare/ Voluntary Organisation	Hospital Psychiatrist	General Hospital	Relative	Police/ N.S.P.C.C.	Other	Total
Compulsory Admission	8	–	6	1	5	–	1	21
Voluntary Day Patient	13	7	9	–	3	–	3	35
Psychiatric Outpatients Domiciliary Visits	20	2	3	–	3	–	1	29
Home Support and G.P.	54	26	84	5	17	2	30	218
Other	12	5	35	4	7	2	10	75
TOTAL	107	40	137	10	35	4	45	378

APPENDIX IIB

All Notifications of Male Patients referred to Salford Mental Health Service 1970 by source of referral and disposal

	G.P.	Health/ Welfare/ Voluntary Organisation	Hospital Psychiatrist	General Hospital	Relative	Police/ N.S.P.C.C.	Other	Total
Compulsory Admission	7	3	3	—	4	4	1	22
Voluntary Day Patient	15	1	11	—	8	3	4	42
Psychiatric Outpatients Domiciliary Visits	7	2	2	—	5	—	3	19
Home Support and G.P.	28	10	47	6	12	—	18	121
Other	13	10	21	4	3	—	7	58
TOTAL	70	26	84	10	32	7	33	262

APPENDIX III

New Notifications of All Mentally Subnormal Persons 1962–70
Age Groups 0–4 years and 15–19 years

Age	0–4 years		15–19 years		Percentage both Groups	Total Notifications at all ages
Year	Number	Percentage of total Notifications	Number	Percentage of total Notifications		
1962	17	59%	4	15%	73%	29
1963	21	68%	3	10%	78%	31
1964	24	39%	16	27%	66%	62
1965	13	38%	11	32%	70%	34
1966	17	47%	7	19%	66%	36
1967	16	42%	4	11%	53%	38
1969	16	52%	9	26%	78%	35
1970	12	41%	5	17%	58%	29

Figures not available for 1968

APPENDIX IV

New Notifications of Mentally Subnormal Persons, 1969 by Sex, Grade and Age

Age	0–4	5–9	10–14	15–19	20–29	30–39	40–49	50+	Total
MALES									
Severely Subnormal	11	3	–	1	–	–	1	–	16
Mildly Subnormal	–	–	–	2	1	–	1	–	4
Not yet Assessed	–	–	–	–	–	–	–	–	–
TOTAL	11	3	–	3	1	–	2	–	20
FEMALES									
Severely Subnormal	–	2	1	2	1	–	–	–	6
Mildly Subnormal	1	–	1	–	1	–	–	–	3
Not yet Assessed	–	–	–	–	–	–	–	–	–
TOTAL	1	2	2	2	2	–	–	–	9
TOTAL Males and Females	12	5	2	5	3	–	2	–	29

APPENDIX V

Alterations in Status of Mentally Subnormal Persons on the Salford Register during 1969 by Age and Sex

	MALES									FEMALES									Total Males and Females
	AGE								Total	AGE								Total	
	0–5	5–9	10–14	15–19	20–29	30–39	40–49	50+		0–4	5–9	10–14	15–19	20–29	30–39	40–49	50+		
Discharged from care	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Migration out Salford	–	3	–	1	–	–	–	–	4	–	–	–	–	–	1	–	–	1	5
Deaths	1	1	–	–	1	–	–	4	7	2	–	–	–	–	–	–	1	3	10
Not located	–	–	–	–	–	1	1	–	2	–	–	–	–	–	–	–	–	–	2
									13									4	17
Discharged from hospital	–	1	–	–	1	–	–	–	2	–	–	–	–	–	–	–	1	1	3
Admitted to Hospital	–	–	–	1	2	–	–	–	3	–	1	–	1	–	1	–	1	4	7

Not including short term care – 9 admissions for 8 people during 1970

IMMUNISATION

1,700 children aged 0—15 years completed a course of immunisation during the year; this shows an increase of 901 when compared with last year.

Below are the statistics relating to the year's work:—

	0—5 years	5—15 years	0—15 years
Number immunised during the year ended 31st December 1970	1,639	61	1,700
Total immunised at 31st December 1970	6,998	19,967	26,965
Population figures 1970	12,400	21,900	34,300
Percentage immunised at 31st December 1970	56.4%	91.1%	75.6%

The children were immunised as follows:—

At Child Welfare Centres	1,106
By Public Health Nursing staff in the homes of the children	313
By Nursing Staff at schools	61
By general practitioners	220

Of the 1,700 children completing immunisation, 1,639 received diphtheria, pertussis and tetanus (triple antigen) and 61 received diphtheria and tetanus injections. 1,348 booster doses of diphtheria and tetanus were given to school children during the year. 170 booster doses of triple antigen were given twelve months after the completion of primary immunisation of children 0—5 years, this booster dose has now been discontinued and this is the reason for the very low number.

In the new schedule of immunisation the first injection is offered when the child attains the age of 3 months; during the next 6 weeks the second injection is given and a further injection 6 months later.

Whooping Cough Immunisation

1,639 children received whooping cough immunisation during the year. All these children were given triple antigen injections.

Poliomyelitis Vaccination

The following figures show the number of children who have completed a course of oral poliomyelitis vaccination during the year:—

	3rd dose	4th dose
Children 0—5 years, 1966—1970	1,662	336
Children 5—15 years, 1956—1965	72	1,249
Young people age group 1933—55	2	667
Older people up to 40 years of age	4	—

The figures below show the total number of poliomyelitis vaccinations given at 31st December, 1970:—

	Completed Salk and oral vaccine	Booster Salk and oral vaccine
Children 0—5 years, 1966—1970	7,920	2,896
Children 5—15 years, 1956—1965	19,898	23,534
Young people, 1933—55	35,750	18,295
Older people up to 40 years of age	8,593	—

B.C.G. Vaccination

The figures below show the number of Heaf Tests and B.C.G. vaccinations given to 11 year old children and older children who had missed previous vaccination sessions:—

	Consents	Positive	Negative	D.N.A.	B.C.G. Vacc.
Boys	804	53	589	162	589
Girls	860	61	602	197	602
Total	1,664	114	1,191	359	1,191

Smallpox Vaccination

Below are statistics relating to smallpox vaccinations given to children during the year:—

Age at date of vaccination in the year

	Under 1 year	1 year	2—4 years	5—14 years	Over 15 years
Primary Vaccination	16	468	108	35	44
Re-Vaccination	—	—	3	55	377

Measles Vaccination

The following figures show the number of children who received measles vaccination during the year:—

0—5 years	904
5—15 years	104

Measles vaccination commences as the children attain the age of 14 months when the parents are given an invitation to attend their nearest Child Welfare Centre.

Tetanus Immunisation

During 1969 it was decided to offer Tetanus immunisation to all school leavers together with a further booster dose of oral poliomyelitis.

The number of children immunised during this year was:— 917.

Rubella Vaccination

During 1970 the Department of Health recommended that all girls between their 11th and 14th birthdays should be offered Rubella vaccination. Initially the vaccine was provided free to complete these age groups but from April 1971 vaccine must be bought by the local authority and offered to all girls in the 11 year old age group.

The number of children vaccinated during the year with Rubella vaccine is as follows:—

Children born 1956		183
Children born 1957		207
Children born 1958		1
	Total	391

INFECTIOUS DISEASES

The following table shows the number of infectious diseases notified during the year:—

Disease	All Ages	Under 1 year	1–5 years	5–15 years	15–25 years	25–45 years	45–65 years	Over 65	Age not known
Scarlet Fever	21	—	4	16	1	—	—	—	—
Whooping Cough	96	15	45	33	2	—	—	—	1
Measles	1,076	81	649	341	3	—	—	—	2
Dysentery	15	2	7	3	2	1	—	—	—
Food Poisoning	60	5	17	10	12	6	9	1	—
Tuberculosis (Respiratory)	48	—	—	2	5	14	22	5	—
Tuberculosis (Other)	2	—	—	—	—	—	1	1	—
Infective Jaundice	72	—	10	27	13	20	2	—	—
Acute Meningitis	5	1	1	3	—	—	—	—	—
Malaria	1	—	—	1	—	—	—	—	—
Ophthalmia Neonatorum	3	3	—	—	—	—	—	—	—
TOTALS	1,399	107	733	436	38	41	34	7	3

AMBULANCE SERVICE

The following table gives a detailed account of patients carried and mileage run during 1970 as compared with previous years:—

Comparison of Total Patients carried and Mileage Run over Period 1964—70

	1964	1965	1966	1967	1968	1969	1970
Patients carried	102,760	101,746	106,634	112,693	114,291	111,766	114,784
Mileage run	257,950	256,633	266,254	274,296	278,369	270,353	267,864
Increase/decrease in patients	+13,083	- 1,014	+ 4,888	+ 6,059	+ 1,598	- 2,525	+ 3,018
Increase/decrease in mileage	+ 7,498	- 1,317	+ 9,621	+ 8,042	+ 4,073	- 8,016	- 2,489

During the year the ambulances carried 101,333 patients and travelled 225,992 miles and the sitting-case vehicles carried 13,451 patients and travelled 41,872 miles; this shows an increase of 3,018 patients carried with a decrease of 2,489 miles travelled.

In February two new Bedford Ambulances were put into operational service; these two vehicles replaced SRJ778 and SRJ779. An order has been placed for an additional Bedford ambulance; operationally we have 12 stretcher ambulances, 4 sitting-case ambulances, 2 sitting-car vehicles and a 20-seater Variety Club coach.

In May the Ambulance Officer, Mr. H. Down, was appointed Ambulance Officer to the Oldham Health Authority; his successor Mr. E. O. Davies, F.I.C.A.P., who commenced his duties on 20th July, was previously a Senior Ambulance Controller with the Lancashire County Ambulance Service.

In May also the Vehicle Maintenance Section became operational, having been transferred from the Transport Department, Frederick Road; the establishment being a Foreman, Chargehand, Auto-electrician and two Fitters.

The Ambulance Service establishment consists of:— an Ambulance Officer, Deputy Ambulance Officer, Station Officer, one Transport Officer, eight Control Room staff, forty-one Driver/Attendants, two "Pool" Car Drivers and one General Duties man.

In September we sent our first student to attend the Training Course at the Lancashire County Training School; by the end of December four men had completed the Course, each having attained excellent results — a great credit to themselves and the Salford Ambulance Service and I feel they are to be congratulated.

The Corporation Car "Pool" has functioned satisfactorily until recently — the reason for a setback is that XRJ20, having completed 63,080 miles, is now unserviceable and we are awaiting a replacement.

The Working Party formed to organise the operation of the heart-care ambulance was formally wound-up in August; the system adopted is working well. This, I firmly

believe, is due entirely to the good working relationship which exists between the two ambulance authorities involved. The statistical report in relation to the heart-care ambulance is not available at the time of compiling this report.

SALFORD HOUSE

The essential role of Salford House is to act as a temporary night's lodging, but this original purpose seems to have been supplanted by the need for a more permanent type of accommodation, with many residents staying for very long periods. These longer stay residents comprise about 80% of the total. The average nightly total of residents was 270, thus continuing the upward trend noted in last year's figures. On a typical day, this would comprise approximately 90 old age pensioners and disabled persons, 80 workers in regular employment, 40 in casual work, 15 unemployable, and 45 men staying for only a few nights.

The charges during 1970 were maintained at 52/6d per week, or 8/0d per night. Separate cubicle accommodation is provided for a total of 285 men. A new system was introduced during 1970 of payment by voucher from the Department of Health and Social Security, which tended to increase the length of stay of some of the itinerants.

A number of residents, particularly the old age pensioners, took advantage of the many welfare services available. These included the annual visit of the Mobile Radiography Unit in September, when a total of 89 residents and staff were examined. The services of the regular monthly visitor from the Chiropody section were also highly valued by the elderly residents, as was the Geriatric Clinic, at the nearby Trinity Centre.

In the course of the year, several parties of Student Nurses, Social Workers, and Student Health Inspectors, visited Salford House, and were interested to see how a Municipal Hostel of this type is run.

The general provisions shop on the premises, which had been without a tenant for almost two years, was re-opened in October, and is once again providing a convenient and useful service for the residents, especially the older ones.

The annual Christmas party took the form of a buffet supper, served in the day room, and open to all residents. A wide and ample variety of Christmas fare was served by the staff, and forty pensioners received food parcels donated by the Wood Street Mission. The cost of the supper was met out of profits made in the snack bar of the Social Club, which continues to operate in the basement, providing amenities such as television lounge, facilities for indoor games, and the snack bar. These amenities are greatly appreciated by the residents, and the friendly atmosphere of the place plays an important role in helping men to establish cordial relationships with their fellow lodgers.

CITY OF SALFORD

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

D. J. ROBERTS

M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H.

For the Year Ended 1970

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DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER	D. W. PRESTON, M.B., Ch.B., D.P.H.
SENIOR MEDICAL OFFICER	K. M. PEARCE, M.B., Ch.B., D.C.H., D.M.S.A.
SCHOOL MEDICAL OFFICERS	ELIZABETH HIGHAM, M.B., Ch.B. (Part-time) SHANTI JAIN, M.B., B.S., M.S. V.P. O'SULLIVAN-QUINN, M.B., B.Ch.
*CONSULTANT ORTHOPAEDIC SPECIALIST	W. SAYLE CREER, M.Ch., Orth., F.R.C.S.
*CONSULTANT PAEDIATRICIAN	R. I. MACKAY, M.B., Ch.B., M.R.C.P., D.C.H.
PART-TIME OCULIST	J. SCULLY, M.D., D.P.H., D.O.M.S.
CHILD PSYCHIATRIST	Vacant
PRINCIPAL SCHOOL DENTAL OFFICER	E. ROSE, B.Sc., L.D.S.
ASSISTANT SCHOOL DENTAL OFFICERS	AGNES M. PATERSON, L.D.S. A. E. FRANKENSTEIN, D.D.D., D.M.D.
PART-TIME SCHOOL DENTAL OFFICERS	F. G. DeCOURCY GRYLLS, B.D.S., J. KURER, D.M.D.
PART-TIME DENTAL ANAESTHETISTS	R. BELLINGHAM, M.B., Ch.B., D.A. N. LEVY, M.B., Ch.B.
PART-TIME SPECIALIST ORTHODONTIST	W. B. SENIOR, D.D.O., R.F.P.S., L.D.S., R.C.S.(Eng.).
CHIEF ADMINISTRATIVE OFFICER	H. MILLINGTON, B.A. (Admin.,) M.I.S.W.
CHIEF NURSING OFFICER	MISS D. LAMB, S.R.N., R.F.N., S.C.M., H.V.Cert.
PSYCHIATRIC SOCIAL WORKER	MISS J. DANSON, A.A.P.S.W.
SUPERINTENDENT PHYSIOTHERAPIST	MISS PATRICIA K. FOGG, M.C.S.P.
CHIEF CHIROPODIST	E. G. JONES, M.Ch.S., S.R.Ch.,
SENIOR ADMINISTRATIVE ASSISTANT	MISS D. McMILLAN

*By arrangement with the Manchester Regional Hospital Board

STAFF (continued)

SPEECH THERAPISTS	MISS GRETA M. GORDON, L.C.S.T. MRS. ROSALYN M. SLATER, L.C.S.T.
DENTAL AUXILIARY	MISS C. ARMITAGE
AUDIOMETRICIAN	MRS. A. ROBINSON

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

For the year ended 31st December, 1970

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE,

Ladies and Gentlemen,

It gives me great pleasure to present my Annual Report for the year 1970 to you. In general the health of the school children in Salford is good but one cannot help but feel worried with regard to the new provisions for free school milk which have been brought in by successive governments. The saving, when considering the national budget, would appear to be so small that it would hardly appear to be justifiable when none of us can be certain as to the effect that this might have on the health of school children. Trials are, in fact, being carried out in certain areas with a view to attempting to ascertain harmful effects, if any. Unless the experiment is continued over many years, I fail to see what conclusions can be drawn from this type of experiment, and if it has to be carried out for many years, the damage will already have been done to untold millions of children.

In my last Report I mentioned that we had started the annual vision-testing of all school children. The results of this can be seen by consulting the appropriate section of the Report. At the time of writing, colour vision-testing for all school leavers has also been introduced. The incidence is very low in girls, but in the region of 8% in boys. The interpretation of colour vision defects can be difficult but it is essential that if an individual has a defect, he should be aware of it.

The giving of booster doses of tetanus toxoid and poliomyelitis vaccine to all school leavers introduced at the end of 1969 continued throughout the year, together with the giving of diphtheria and tetanus toxoid and poliomyelitis vaccine to all new entrants. The BCG programme continued as usual. This is a vaccination against tuberculosis usually given at the present time to children of eleven or twelve years of age. The general public tends to think that tuberculosis is a thing of the past. This is certainly not so. There are around 12,000 new notifications of tuberculosis per annum in this country and somewhere in the region of two and a half thousand deaths. The significance of the number of deaths can be difficult to interpret, but the disease is obviously far from extinct and every parent would be well advised to make certain that his child is well protected. At the present time we are carrying out a massive campaign to make certain that all the children in the City are well protected against diphtheria, tetanus and poliomyelitis.

So far somewhere in the region of 15,000 children have been given this added protection and around 2,000 remain to be done. As I have said before, the low incidence of diseases such as diphtheria and poliomyelitis in this country is no accident. It is due entirely to effective immunisation programmes, painstakingly carried out, with every effort being made to encourage parents lacking in enthusiasm, to have their children protected. Also during the year we introduced vaccination against rubella. This is the disease which has caused so much disability in new born babies in past years. Amongst other defects, rubella can cause cataracts, heart lesions and mental impairment, and it is unthinkable that any parent should fail to want to

have their female children protected against rubella, so that in turn their children will not be afflicted with these serious disabilities.

The staffing position in the Physiotherapy and Chiropody Services improved throughout the year, but we still do not have the number of staff that we need to carry out our duties to the fullest effect.

Head infestation continued to be a problem. It is truly appalling that in this day and age of advanced technology, children and adults still suffer from this condition. At the time of writing, however, a new product has come on to the market and we hope that this will be of assistance in dealing with what appears to be an intractable problem. In fact, the necessity for such a preparation should not even be required, as adequate head washing and combing could deal with this problem if properly carried out.

The accommodation for the Dental Service has been improved considerably since my last Report and at the time of writing a new Dental Clinic is nearing completion at the Langworthy Centre. Extensive dental facilities have also been included in the new Health Centre for the Central Redevelopment Area and we should, from now on, see a very steady improvement in the Dental Services which we are providing.

I think also we ought to consider the children in the City who find themselves in trouble with the law. This is a distressing situation for all concerned, not least to the Police themselves who have to deal with this problem. I doubt if anyone has a ready answer and I have no doubt that if six people were asked how to deal with this problem, they would give six totally different answers. My plea would be for more space. Greater opportunities for providing more open spaces may not be as far distant as we think. As I have mentioned in my Report as Medical Officer of Health, we are faced with a falling population which, as I have said before, from a health point of view I welcome. As a result of this and our slum clearance programme, we may find at the end of the day that we have more land than we need; it would, I feel, be a great pity if this land were to lie dormant or derelict for many years, but I feel sure that if this were to happen, it would not be long before such tracts of land were, at the very least, turned into grassed open spaces.

Finally, I should like to thank the Director of Education and the Head Teachers for their splendid co-operation in maintaining a healthy school child population, and the staff who carry out the fieldwork for their never ending diligence.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

D. J. Roberts

Principal School Medical Officer

MEDICAL EXAMINATIONS

PERIODIC MEDICAL EXAMINATIONS

During the year 1970, 1,519 school entrants were examined in school. Parents are always given the opportunity of being present at the medical examination, as this gives the medical officer an opportunity to discuss the child's health with the parent, and 88% of those examined were accompanied by a parent, usually the mother.

0.39% of those examined were considered to be of "unsatisfactory" physical condition. There are no definite criteria to guide medical officers in deciding whether or not to assign children to this category and, consequently, the proportion of children found to be "unsatisfactory" varies considerably with different medical officers. The category "unsatisfactory" is usually regarded as meaning a pale, undersized child of obviously poor general health.

The three most common defects found at these examinations (apart from dental caries) were 87 children (57 per 1,000 examined) requiring treatment or observation for hearing difficulties; 91 children (60 per 1,000 examined) requiring treatment or observation for inflammation of the ears and 389 children (256 per 1,000 examined requiring treatment or observation for nose and throat conditions.

Periodic medical examinations were also carried out on 196 older children attending primary schools; these children had never previously been medically examined in school.

The policy of examining all children at secondary schools at the age of 15 or during their last year at school was continued in 1970 and altogether 2,990 children were medically examined, 15% of them being accompanied by parents.

Special Examinations in School

In ordinary schools 1,016 special examinations were carried out.

744 examinations were carried out in special schools, over 400 of the examinations being at Claremont Open Air School.

375 children going on school journey to places outside this country were examined by medical officers to ascertain their fitness for the journey.

Clinics

During the year 2,089 special examinations were carried out at school clinics. These examinations were follow-up examinations or examinations carried out at the request of head teachers, health visitors, school welfare officers or parents and included 101 employment examinations. In addition 176 full routine examinations were carried out on children who were absent from school at the time of the doctor's visit.

Throughout the year school children have been invited to attend some of the child health clinics, which are primarily for babies and children under the age of 5 years, and altogether 285 examinations were carried out on school children at these clinics.

Examination of Teachers

A total of 29 candidates for employment as teachers and 102 training college entrants were medically examined during the year. All except four of them were found to be free from defects or to possess defects unlikely to interfere with efficiency in teaching.

THE HANDICAPPED REGISTER

The following table shows the number of children on the register of handicapped pupils needing special educational treatment in the last two years:—

	1969	1970
Blind	2	3
Partially Sighted	16	15
Deaf	16	17
Partially Hearing	26	30
Educationally Subnormal	422	406
Epileptic	7	7
Maladjusted	9	11
Physically Handicapped	72	83
Speech Defect	2	3
Delicate	193	200

The children attending Parkfield Unit and Halton Bank Special Unit are not formally ascertained as handicapped pupils in need of special education and are therefore not included in the above table.

Waiting List

At the end of the year there were as many as 181 children on the waiting list for admission to a Day Special E.S.N. School or class.

THE SPECIAL REGISTER

A special register is kept of children with certain disabilities. These children are able to attend ordinary schools, as the disabilities are not so severe that special education is necessary.

The following table shows the number of children, with the disabilities specified, whose names were on the special register in 1969 and 1970:—

	1969	1970
Partially Sighted	18	21
Partially Hearing	35	36
Epileptic	74	77
Physically Handicapped	101	83
Heart	56	48
Acute Rheumatism	26	25
Asthma	93	123
Diabetes	7	9

EDUCATIONALLY SUBNORMAL CHILDREN

During the year special examinations were carried out on 133 children, who were thought to be either educationally subnormal or unsuitable for education at school. The total number of attendances made by these children was 150.

As a result of the examinations the following recommendations were made:—

	Boys	Girls	Total
Education in a Day Special E.S.N. School or Class	36	24	60
Education in a Residential E.S.N. School	1	1	2
Education in a Residential School for maladjusted Pupils	4	—	4
Unsuitable for education at school	4	6	10
Education in an ordinary school	18	8	26
Education in an ordinary school with remedial teaching	7	3	10
Education in Day Open Air School	4	1	5
Education in Day Physically Handicapped School	1	—	1
To be re-examined	10	5	15
	85	48	133

The proportion of girls examined was almost exactly the same as in 1969, — 36.1% of those examined in 1970 were girls, whereas 36.2% were girls in 1969.

The actual number of I.Q. tests carried out was 150, of which 113 were carried out by duly qualified medical officers and 37 by Educational Psychologists.

Numbers of examinations requested by:—

School Medical Officers (after consultation with Head Teachers)	90
Educational Psychologists	15
Head Teachers	27
Director of Education	1
	133

IMMUNISATION AND VACCINATION

B.C.G. Vaccination

In 1970, B.C.G. vaccination was offered to all pupils in their first year at a secondary school. Vaccination was also offered to all those in older age groups who had never previously been vaccinated.

The parents of 1,664 children consented to vaccination and 1,305 children were Mantoux tested or Heaf tested. The remaining 359 children were absent when the doctor visited the school and did not attend the follow-up clinic to which they were invited. Of those who were skin tested 1,191 (91.3%) were negative and were vaccinated.

The number vaccinated was not as high as in 1969 when vaccination was offered to two age groups who had never previously been offered vaccination against tuberculosis at school.

Tetanus and Poliomyelitis Immunisation of School Leavers

In 1969 the immunisation programme was extended by offering booster doses of tetanus toxoid and poliomyelitis vaccine to children aged 15 years or over. Those who had never previously been immunised were offered a full course of primary immunisation against these two diseases.

In 1970 the number of children immunised was 917 and the immunisations were carried out partly by the medical staff and partly by the nursing staff.

Rubella Vaccination

In July 1970 the Department of Health and Social Security recommended that vaccination against rubella (German measles) should be offered to all girls between their 11th and 14th birthdays, and that initially priority should be given to older girls, i.e. those in their 14th year. The purpose of this recommendation is to ensure that as many girls as possible are offered protection against rubella by vaccination before they reach child-bearing age, because rubella infection during pregnancy is likely to result in an abnormal baby.

Between September 1970 and the end of the year, 391 girls were vaccinated against rubella. These vaccinations were done by the nursing staff.

INFECTIOUS DISEASES

The following list shows the number of cases of infectious diseases notified during the year 1970 among Salford children aged 5—15 years:—

Infective jaundice	44
Respiratory tuberculosis	2
Measles	338
Dysentery	6
Scarlet fever	17
Acute meningitis	4
Whooping cough	49
Food poisoning	18

ACUTE RHEUMATISM

There were three known cases of this disease among Salford school children during the year.

DEATHS AMONG SALFORD SCHOOL CHILDREN

In 1970 there were 9 deaths among school children and 6 of these 9 deaths were due to accidents or misadventure.

One child was knocked down by a lorry and one died as a result of a car accident. One child fell from a height and another was struck by a swing in a children's playground. One child died due to carbon monoxide poisoning and another was killed by lightning. One death was due to meningococcal septicaemia, one death was due to epilepsy and one death was due to a congenital heart condition.

ENURESIS CLINICS

These clinics enable the bed-wetting child to have a careful individual assessment of his problem, and effective parental guidance to be given.

The majority of parents are grateful for the time taken and the interest shown, but unfortunately there is rarely a dramatic cure from 'wet' to 'dry'. One of the perennial difficulties is the lack of sustained effort by some parents to improve attitudes in the home or to maintain suitable discipline. This is also associated with erratic attendance at the clinic all of which is reflected in a variable pattern of improvement and falling back. There is no doubt that if there is consistent and sensible parental handling of the situation, and the child is co-operative and able to develop some self-discipline, dry beds will be achieved sooner and permanently.

Number of children seen		
	Boys	104
	Girls	71
	Total	175
Total number of consultations		318
Alarm units loaned	Boys	22
	Girls	9
	Total	31
Children treated with drug		
	Boys	2

PRE-SCHOOL CLINICS

During 1970 we continued to bring together various aspects of work relating to children aged 2 to 5 years. In these years of a child's life the work of the School Health Service merges imperceptibly with that of the Child Health Service of the Health Department.

The Education Department is responsible for providing nursery education and for assessing the special educational needs of children from the age of 2 years onwards. The Health Department is responsible for the maintainance of health and prevention of disease in mothers and young children.

Many children now go to school before the age of 5 years and it is no longer adequate to start assessing childrens needs at 3 or 3½ years of age. Handicapped and deprived children may benefit greatly from admission to a special nursery school soon after their second birthday.

Coupled with an experimental re-organisation of the "At Risk" register for children up to 2 years of age, the under 5 years Handicapped Register and the introduction of an "Observation" Register for children from 2 to 5 years (see Medical Officer of Health's Report 1970) multipurpose clinics for 2 to 5 year olds were started in June 1970.

These Pre-School Clinics are held at various centres as the need arises. Children with handicaps or under observation are invited from the age of 2 years onwards to see the Senior Medical Officer. The clinics enable assessment of educational needs to begin earlier and parents to discuss their problems and obtain advice. It may be reassurance that their child can go to an ordinary school or that special provisions are available.

Apart from their function in relation to the assessment of special educational needs these clinics provide a place to which young children with special problems may be referred by other staff of the Health and Education Departments.

Since the clinics began 20 have been held at various centres. 133 medical examinations have been done; 123 different children have been seen.

These clinics have been appreciated by parents and staff. They are already enabling assessments of needs to be made earlier and will be continued in 1971.

CONSULTANT PAEDIATRIC CLINIC

The emphasis of the Consultant Paediatric Clinic has been changing in recent years from consultation of a weekly set clinic to a more varied programme of weekly sessions in different schools in the City. Whereas the Consultant Paediatric Clinic is still held regularly at Langworthy Road Centre, a monthly clinic for the Mental Health Department is now held at the Margaret Whitehead School and is attended by a Mental Health Social Worker attached to the children who are seen there.

In addition to the Langworthy session there are occasional visits to Oaklands School for Physically Handicapped Children and Claremont Open Air School and clinical sessions have been held at these schools with the appropriate medical officer and school nurse in attendance. This programme has the obvious advantage of making it possible for consultation to be held with the minimum of interruption of the child's school work and in their familiar environment.

In the majority of cases parents have been present for this consultation and thus they are able to appreciate the application of a medical service in the child's school. Where appropriate, discussion can be held with the Head Teacher when the child's condition requires some special adjustment of the educational programme.

The adjustment of the clinic arrangements means that on the whole children with established chronic conditions are likely to be seen at school and children with less serious complaints or problems of development and management are seen at Langworthy Road Centre. At these sessions the hospital liaison health visitor is always in attendance and where necessary hospital records are also available.

From the medical point of view this clinic is well worthwhile and it does give the family the advantage of a consultation under less hurried conditions than could be obtained in a hospital out-patient department to the greater advantage of the patient.

A medical officer of Health Department holds a review clinic for premature infants on the same morning as the consultation clinic and it is, therefore, easy to arrange for a medical consultation for a selected case without the necessity of a further visit of the baby to the clinic.

For all these cases a full programme of hospital investigations can be made available. Specimens may be taken in the clinic and transported to the hospital or arrangements made for a child to attend the X-ray department or out-patients' when more elaborate studies are needed.

Although the number of children seen in this clinic is relatively small the value of this service to the individual families is obviously great and the clinic represents a working co-operation between the hospital and Health Department service for the benefit of Salford children.

PAEDIATRIC CLINIC

No. of sessions	23
2 sessions at Oaklands School 2 sessions at Claremont Open Air School	
New cases referred	67
Total attendances	117
Pre school children	
New cases	19
Total attendances	46

Diagnostic Categories

Respiratory Infections	17
Other infections	6
Allergic disorders	8
Neurological handicap	17
Behaviour problems	14
Heart disorders	5
Digestive disorders	5
Miscellaneous	8
Healthy children	8

OPHTHALMIC CLINIC

During 1970 there were 4,503 attendances comprising of 2,319 boys and 2,184 girls and of these 2,315 were refracted and 1,241 pairs of glasses were prescribed. Attendances at the Orthoptic Clinic were 1,758 comprising 991 boys and 767 girls. Attendance at this clinic was concerned with the treatment of amblyopia associated with strabismus. The usual mode of treatment consisted of inverse occlusion followed by orthodox occlusion depending on the age of the child and the type of fixation. Younger children aged 2–3 whose fixation was eccentric commenced treatment with inverse occlusion and the older children aged 4–6 whose fixation was central were treated from the first with orthodox occlusion. Vision testing of these younger children involved the use of the Beale Collins picture chart, the Sheridan Gardner letter matching test and the children aged 4–5 the illiterate 'E' test. Children were not referred for operation until the best visual acuity likely to be obtained had been achieved; this sometimes involved a period of several months because of intermittent attendance of some of the children. Children who defaulted were re-invited on three occasions and if still failing to attend were home visited by the Health Visitor. On talking with the mothers of these children emphasis was placed more on the recovery of visual acuity than on the convergence or divergence of the squint though the latter aspect of the disability was always the uppermost in the minds of the parent.

Cases for surgical correction of squint were placed on the list at Hope Hospital after examination at the Ophthalmic Clinic at the hospital. New cases of squint during the year totalled 132 of which 71 were boys and 61 were girls.

Experience during the last 8 or 9 years confirms the opinion that squinting children should be ascertained as soon as possible after onset in order to diminish the period between onset of strabismus and the commencement of treatment. With this object in view family doctors and school medical staff have been circularised suggesting that cases of squint should be sent for treatment immediately they are ascertained.

Amblyopia in children without ocular deviation has been ascertained in 44 new cases during the year. This has been due in all cases to anisometropia or to a high degree of hypermetropia or to astigmatism. After refraction, fundus examination, and the prescription of glasses where necessary, occlusion of the better eye has been instituted for a period of 2 or more hours each evening after the child has finished homework. This period of time is usually spent in looking at the television set or in reading or drawing. Encouragement has been given for longer periods of up to eight hours at the weekend if the child happens to be indoors or under parental supervision. Children of all ages up to 11 or 12 years were given this occlusion treatment. Those not responding so well belong to the age group 9—11 or even older. In short the object has been to use the child's non-playing or working leisure time to stimulate the amblyopic eye. In all 37 cases during the year were supervised and in the successful cases results were achieved in a period of two to four months. It has been mentioned by Coles (1957) that as many as 7% of school children were amblyopic from squint or other causes and it is thought that these measures to remedy the condition in non-squinting children should be of benefit.

During the year 14 cases of infants with epiphora due to incomplete development of the lacrimal apparatus were supervised by repeated visits and the prescription of antibiotic drops. In eight cases it was necessary to probe the canaliculus and lacrimal duct under general anaesthetic at hospital.

There have been expected numbers of attendances for the treatment of conjuctivitis, corneal foreign bodies and epilation of the eyelashes, but these have not been enumerated being regarded as a normal percentage in an out-patient Ophthalmic Clinic.

REPAIR OR REPLACEMENT OF SPECTACLES

Parents and children are encouraged in the need to take care of their spectacles at all times. The efforts of local authority staff concerned with the issue of prescriptions for spectacles and also of teaching and health visiting staff, have resulted, during the past two years, in a marked decrease in the cost of repairs and replacements.

The charges for 1970 totalled £58.13.6; for 1969 a total of £99.0.0. was spent; for previous years approximately £150.0.0. per year was paid out for this purpose.

An even more important advantage is that fewer children are without spectacles pending replacement or repair, thereby obtaining as full benefit as possible from their educational studies.

SCHOOL DENTAL SERVICE

Mr. E. Rose, Principal School Dental Officer, reports as follows:—

For the first time since 1965 the number of children treated and the amount of treatment provided at the School Dental Clinics has fallen this year. This is due to two main factors — sickness has deprived us of the services of one of our Dental Officers for part of the year, and one of our Dental Surgery Assistants for a similar period. The effect of the closure of Police Street Dental Clinic has materially affected attendances overall. It is now very difficult for children living in the North Western part of the City to attend the Dental Clinic. Clearance of the Ordsall Ward has also perforce reduced attendances at Regent Road Dental Clinic.

However, on the brighter side our figures show that the proportion of younger children receiving treatment is continually increasing and our efforts at Dental Health Education have been concentrated in the Infant and Junior Schools. Attendances here do continue to improve and the proportion of teeth conserved to teeth extracted for this younger and most important end of the population is also improving.

The year ended, however, on better note with the alterations and improvements to Regent Road Dental Clinic commencing, and the installation of a Dental Unit at Langworthy Road Clinic also getting under way. We can therefore look forward next year to improved premises and facilities and trust that these will provide for the continued improvement of standards that we have maintained now for some years. With access to a clinic in the Langworthy Road area our attendance figures will once again start climbing as they have done in the quinquennium before 1970.

CHILD GUIDANCE CLINIC

The Child Guidance Clinic suffered a crippling blow when Dr. Model withdrew in August after a long period of sick leave. He saw 9 new cases in 1970, all except one referred in 1969. 113 cases were referred in 1970 and of these 37 were seen by the psychiatric social worker only and 76 were seen by the psychologist and psychiatric social worker. Ideally 27 would also have been seen by a child psychiatrist and more would have been discussed. In the circumstances obtaining parents were informed that a psychiatric diagnosis should be sought and 19 cases were referred to hospital clinics. The remaining eight chose to delay and several recovered.

The absence of a child psychiatrist resulted in the immediate cessation of the psychiatric social worker teaching programme and in a new emphasis on social diagnosis and environmental manipulation rather than on the specific treatment of inter-personal and intra-personal problems of children and parents. A few regular attenders were carried through to the point at which they could resume normal school attendance and independence but the character of the clinic changed. It became a screening clinic for child psychiatric referrals and an assessment centre for behaviour problems of a non-internalised kind. Psychological assessment and social diagnosis with follow-up became the common practice.

SCHOOL HEALTH VISITING

The work carried out by the Health Visiting Service was increased during the year by an extension of the immunisation programme to include booster doses of Tetanus toxoid and Polio vaccine for school leavers, and the giving of Rubella vaccine to older girls.

The vision screening programme was also amended; each child now being tested annually instead of biennially.

In spite of increased work, the number of staff in post remained lower than in the years prior to 1969; the year in which staff reductions were made. This meant that the staff worked at a pressure which cannot be maintained indefinitely.

EXAMINATIONS CARRIED OUT

(1) Annual Health Survey

As in previous years all children, except those involved in entrance examinations by medical staff, were examined by health visitors and clinic nurses to identify conditions requiring medical or other attention.

Total number of children examined 17,602.

597 (3.39%) were referred for further examination as follows:—

a)	to medical staff	176	29.48%
b)	to Speech Therapist	13	2.17%
c)	to Chiropodist	331	55.44%
* d)	to Dentist	77	12.89%
	TOTAL	597	

*this does not reflect the incidence of dental caries; refers only to those found to be in need of attention between examinations conducted by the dental staff.

Each year the annual survey is terminated by home visits to the parents of certain pupils, either in relation to the need for referral to medical staff, or to discuss other findings affecting the health or well being of the child.

(2) Vision Tests

Children from the age of 6 years — 19,422 in all, had a vision screening test. As a result 1,292 (6.65%) were referred to the Eye Clinic for further examination.

(3) Hygiene Examinations

This aspect of work continues to be time consuming without lasting results.

Parental responsibility remains the main factor in head infestation control, but, as in most other aspects of health education, changes in attitudes are not accomplished in the short term and there is a continuous need to re-inforce earlier advice.

In some families the louse has always been present and therefore mother and grandmother do not view its presence as a social scourge as we do; for them it is a way of life. Some families are unwilling or unable to recognise that viable nits may be present even after cleaning has been undertaken and that these can and do hatch out to produce hundreds more nits and subsequently lice. A nightly combing of the child's hair by parents to catch nymphs as they emerge would substantially reduce the infestation problem.

HEALTH EDUCATION

275 talks were given by health visitors.

Subject	Group	Number of Talks
Human & Social Biology (for C.S.E. – in colloboration with Biology teacher)	Schools (3) Boys 13–15 years Girls 15 years	 86 4 (Course started December 1970)
Citizenship	Girls 14–15 years	23
Personal & Communal Health	Girls 11–13 years	83
Human Relationships	Girls 14–15 years	27
First Aid	Girls 14–15 years	27
Mothercraft Duke of Edinburgh Award Scheme	Girls 13–14 years	5
Child Care	Girls 13–15 years	20

Summary of Work Carried Out by Health Visitor, Clinic Nurses and Nursing Auxiliaries

a)		Number of children examined at Health Surveys	17,602
b)	(i)	Number of children who had visibn tested	19,422
	(ii)	Number of children referred to Eye Clinic	1,292
c)	(i)	Number of examinations undertaken re cleanliness and verminous infestation	33,460
	(ii)	Number of re-examinations undertaken re cleanliness and verminous infestation	4,609
	(iii)	Number of cleansings undertaken as a result	115
	(iv)	Number of individual children found to be infested	1,671
d)		Number of home visits	2,467

e)	(i)	Number of school visits for discussion with Headteacher	1,736
	(ii)	Number of Health Education talks given	275
	(iii)	Number of Diphtheria/Tetanus injections given	1,525
	(iv)	Number of doses of Oral Polio vaccine given	1,805
	(v)	Number of Rubella vaccine injections given	391
	(vi)	Number of Tetanus injections given	209
f)	(i)	Number of new attendances at Minor Ailment Clinic	613
	(ii)	Number of subsequent attendances at Minor Ailment Clinic	5,002
g)	Number of sessions at school or clinics attended by staff to carry out or assist with examinations		3,120

SPEECH THERAPY

The year opened with only one Speech Therapist in post; two centres and three special schools, with children partly treated (and with waiting lists), were left in abeyance due to staff shortage. In mid year a rapid survey was made of eleven children attending one of these schools. As a result each child, having been treated individually, was given a practice sheet to take home.

In September a second Speech Therapist commenced duties and the service was re-commenced at the special schools and clinics, mentioned above, which are used as catchment points for children attending ordinary schools in the area.

At the beginning of January, the total waiting list for the centres was 121 and for the special schools 20 (included in this figure, centres still in abeyance 78 and special schools 14). Children held in abeyance (on register – treatment not yet completed) numbered 51. At the end of the year the waiting list for the centres amounted to 56. There was no waiting list for the special schools as these children had all been given the occasional lesson when those on the register were absent.

During the year 192 children received treatment, and 1,652 treatments were carried out.

Speech defects of the 192 children treated during the year were found as follows:–

Dyslalia (articulatory defects)	116
Stammer and Dysalalia	6
Alalia (absence of speech)	1
Stammer	14
Delayed speech development	7
Dysphonia (disordered voice)	3
Cleft palate	3
Dental malocclusion	1
Deaf	3
Language difficulties owing to foreign nationality	1

Disorders of articulation and language associated with E.S.N. children	24
Cerebral Palsy (brain damaged)	10
Dysarthria (neuromuscular)	1
Executive Dysphasia (neurological)	1
Hyperrhinophonia (excessive nasal resonance)	1

The above children are categorized according to their main type of speech or language defect, but many of these children are also handicapped in other ways.

During the year 86 children were discharged for the following reasons:-

Speech satisfactory (provisional or final discharge)	26
Cases under observation (i.e. temporary discharge)	28
Other causes (defaulted, lack of co-operation, left area)	28
Found not to require special treatment	4

Visits were made to schools on 4 occasions and to children's homes on 43 occasions, to discuss problems with head teachers or parents.

During the year a Peters Speech Trainer was purchased. This was found to be particularly effective in the treatment of children having a slight hearing loss.

As usual, Speech Therapy Students from the Elizabeth Gaskell College, Manchester attended at Salford clinics all day each Friday, throughout the student year.

PHYSIOTHERAPY

After the severe curtailment of the physiotherapy service in 1969, due to the economy campaign, it is welcome to report a small increase in the number of physiotherapists employed, and a corresponding increase in the service provided.

Oaklands School

A senior physiotherapist was appointed in January to work full-time at the school. This is very helpful as it means that a member of staff is always available to answer enquiries and help parents with their problems regarding the well-being of their children.

Co-operation has continued with Salford University and work is progressing in the research department to construct a walking apparatus for children born with spina bifida. Two senior officers from the Department of Health at Blackpool visited Oaklands School to see the three children who are already walking in the splints and were pleased with their progress. Two more children have been measured for the splints and hope to be walking in them soon.

New children being admitted to Oaklands School are young and mostly severely handicapped. This increases the need for physiotherapy treatment, as it is whilst the

child is young and before deformities have developed that mobility must be increased and walking skills taught, so that a handicapped child may be helped to learn independence and lead as normal a life as possible.

A voluntary helper, a member of the Red Cross Society, accompanies the children to Blackfriars baths once weekly and helps with the dressing and lifting of severely handicapped children. This enables more children to enjoy swimming activity than would be possible without the additional help which is greatly appreciated.

During the year 79 children had physiotherapy treatment, 28 children had swimming instruction at Blackfriars Baths and 35 children had hydrotherapy in the pool at school. An Orthopaedic Consultant visits the school every six weeks and an orthopaedic technician attends weekly to measure and fit splints and other appliances.

Claremont Open Air School

It has not so far been possible to have a full-time physiotherapist at Claremont Open Air School. The work is at present being shared by the deputy superintendent physiotherapist and a part-time senior one. This arrangement works well but additional help is still needed to give adequate treatment to children with severe chest conditions.

The number of children on physiotherapy has remained fairly constant but shows some increase in treatment compared with the previous year.

Number on breathing exercises	1970	–	32
	1969	–	17
Number on asthma exercises	1970	–	33
	1969	–	27
Number on postural exercises	1970	–	7
	1969	–	5
Number on postural drainage	1970	–	15
	1969	–	12
Number on abdominal treatment	1970	–	6
	1969	–	3
Number on phsyically handicapped children	1970	–	20
	1969	–	17
Number having U.V.L. treatment	1970	–	31
	1969	–	38

As there are still not enough physiotherapists employed to provide treatment at all the special schools, these are visited in rotation and treatment given for a three months period and then the physiotherapist moves on to another school for a similar period of intensive treatment. Obviously this is not an ideal way of providing a service but it is the fairest way until there are more physiotherapists.

School Clinics

A skeleton service has been re-opened at some of the clinics. At Langworthy Centre and Murray Street clinic, both of which serve busy areas, a once weekly physiotherapy session is in operation. At Regent Road and Summerville, clinic sessions are held once a fortnight. At Lower Kersal Clinic a physiotherapist visits once weekly for half a session.

These clinic sessions are not sufficient to give children adequate treatment, but advice is given, the child is shown exercises to practise at home and given leaflets with the exercises written out.

There is an urgent need for a treatment session at Trinity Clinic but at present with limited staff this is impossible.

The best possible use is made of the physiotherapist's time and to provide a fuller service is impossible without employing additional staff.

CHIROPODY

Salford's school chiropody service is comprised of two inter-related sections.

Firstly, the acute conditions, — verrucae pedis, skin affections, corns, callosities, etc. and secondly the chronic conditions, — valgus feet, pes cavus, hallux rigidus, etc.

In the early part of the year two sessions per week were devoted to school health chiropody, and after April 1st the number of sessions was increased to four per week. One double session was worked at Langworthy Clinic and one double session per week at Murray St. Clinic.

The number of sessions was totally inadequate for the number of children requiring treatment. At no time during the year was the waiting list under 80 and in some instances rose to 150. Children have had to wait 2 to 3 months for treatment and in most cases of verrucae pedis, the virus has become well established, and the patient has had to undergo more prolonged treatment. Early diagnosis is extremely important as it provides for easier eradication and reduces the risk of multiple verrucae.

Although verrucae was by far the commonest condition ingrowing nails and corns were high on the list. On referral to the chiropody clinic the child is accompanied by a parent, and this gives the chiropodist an opportunity to educate the parent regarding shoes and stockings. Thus an educated parent may prevent other disorders affecting the child's feet.

In the minor orthopaedic field simple padding was carried out in the clinics. The school health chiropody service was extremely fortunate in having the co-operation of the Chiropodial Appliance Department, both at Hope Hospital and Salford School of Chiropody. Unfortunately because the chiropody service was under considerable pressure no school surveys were carried out.

Number of Schoolchildren (Over 5 years of age) Attending Foot Clinics for Treatment during 1970

School Health Service

	Number of Sessions Held	Number of Invitations Given	Number of Emergency and Casual Attendances	Total Numbers	Number who did not attend		Total Attendances	New Courses of Treatment		Subsequent Treatments	
					Boys	Girls		Boys	Girls	Boys	Girls
1.	2.	3.	4.	5.	6(a)	6(b)	7.	8(a)	8(b)	9(a)	9(b)
Langworthy	50	1,217	42	1,259	109	108	1,042	87	93	509	353
Murray St.	46	1,067	37	1,104	108	131	865	116	129	273	347
TOTALS	96	2,284	79	2,363	217	239	1,907	203	222	782	700

This year there were no children under 5 (attending school) who attended for Chiropody treatment.

AUDIOMETRY

This year, a total of 8,795 children were given a screening test of hearing, at 207 sessions held in schools. Children in their first year in school were seen, along with the top forms in the junior schools and also the first year pupils of the secondary schools. The total number of children tested in schools has been greater than in previous years; it will be appreciated that less time need be spent in explaining the form of procedure to the older child.

A total of 472 children were found to have a hearing loss of some degree; the majority of these children were given a more detailed test in school and then referred to the School Medical Officer for necessary advice and treatment.

Fewer clinic sessions were held this year; this can be attributed to the fact that the majority of children who failed the initial screening tests in school, were given a further test on the school premises, to ascertain the amount of hearing loss present. At Trinity, Kersal and Summerville Centres, the demand for clinic sessions not being as great as in other areas, thirteen shorter sessions were held; this ensured that those children already listed for invitation were not involved in a prolonged wait for an invitation to the clinic. A total of 50 sessions were arranged, 1,112 children were invited, with a resultant attendance of 50%. The 224 children who were found to have a hearing difficulty were referred to the School Medical Officer.

The Special Schools and Units have been visited at least once every term; a close liaison with Seedley and Clarendon Partial Hearing Units being maintained. Greengate Nursery was visited on nine occasions overall; some of the younger children being difficult to assess, were seen several times. During the 39 sessions held, 299 hearing tests were carried out.

A student health visitor attended a session at a primary school to observe the methods used in the screening tests of hearing.

CONVALESCENCE

One boy, who was referred for convalescence by a school medical officer in 1969, was sent to a convalescent home for 4 weeks in 1970.

The number of children referred for convalescence had been very small in the last few years, due to financial restrictions.

CLAREMONT OPEN AIR SCHOOL

During the year 42 delicate children were admitted to Claremont Open Air School with the following conditions:—

Asthma	11
Recurrent bronchitis and other chest conditions	11
Poor general condition, usually associated with recurrent upper respiratory infections	13
Blood diseases	2

Other conditions	5
TOTAL	42

It is still necessary to admit children with mild degrees of spasticity and other physical handicaps to Claremont Open Air School as there is no room for them at Oaklands School and 8 physically handicapped children were admitted in 1970.

2 children with heart conditions were admitted and also one epileptic child and one partially sighted child.

Children are medically examined regularly and during the year the school medical officer visited the school on 33 occasions; 411 medical examinations were carried out. The number of children examined was 211. Many children become fit to return to an ordinary school after a period at Claremont but some need to remain there until they leave school.

At present this school is full, but there is virtually no waiting list.

The partially sighted class is intended for children up to the age of 11 and fulfils a real need. Some of those who are discharged from this class to ordinary schools at the age of 11 are still handicapped because of defective vision and there is a need for another partially sighted class for the benefit of children over the age of 11.

GREENGATE SPECIAL NURSERY SCHOOL

The school continues to meet a very important need in the City. As a 'special' nursery school without a more specific designation it provides educational facilities and social stimulus for 30 children with an increasing variety of special needs. Unfortunately it can only provide these facilities for children who live near or where parents are able and willing to take their children to and from a school a long way from their homes.

Although the school still caters for children who are socially deprived or poorly nourished it admitted many handicapped children during 1970. These handicapped children and their parents benefit considerably from early educational help.

All requests for admission, from health visitors, doctors, and others are considered by the Senior Medical Officer. Children are selected for admission according to the priority of their needs when places in the school become available. There is always a child who needs the next place. No formal waiting list is maintained because in terms of numbers it would rapidly become meaningless. At present alternative recommendations are made for children who are unlikely to get a place; for example — ordinary nursery school, nursery class in infants school, day nursery or attendance at a play group. Sometimes these measures suffice but sometimes they may be a poor substitute for the special health and educational facilities provided at Greengate.

During 1970 the main reasons for admission were as follows:—

Physical Handicap	4
Delayed Development and/or Mental Handicap	8
Social and General Health Reasons	8
Social Reasons (ill-health of mother)	5
Hearing and/or Speech Defects	3
Multiple Handicap and Epilepsy	1
TOTAL (16 boys and 13 girls)	29

The school is visited regularly by the Senior Medical Officer. During 1970 he carried out 83 medical examinations at 12 sessions in the school; — 44 children were examined.

During the latter part of 1970 it was possible for a speech therapist to visit the school — an essential service — to give guidance to teachers and parents of children with problems of speech or language development.

More and more assessment of childrens' future educational needs is being done at the school as part of a general plan to assess needs for special educational treatment at an earlier age than previously.

Team work is essential in a school of this nature and the audiometrician, doctor, educational psychologist, health visitor, physiotherapist and speech therapist all play their part in co-operating with the head teacher to achieve what often at first may seem to be impossible goals.

OAKLANDS SCHOOL

The 80 places for physically handicapped children were fully taken throughout most of the year. During 1970 nine children were admitted to the school; seven of these were handicapped infants born in 1966. These included two children with cerebral palsy, two with spina bifida and two with orthopaedic disorders. The two older children admitted during the year had muscular dystrophy. Six children left the school during the year; two were school-leavers, two transferred to Claremont Open Air School; one to a residential school and one removed to Blackpool. One vacant place occurred due to the death of boy with spinal muscular atrophy.

On the 31st December, 1970 there were 79 children on the school roll; 26 of these were children resident in the Lancashire County Area.

The nature of the handicaps of the children are shown in the table below:—

HANDICAPS OF CHILDREN ON THE ROLL AT OAKLANDS SCHOOL ON 31st DECEMBER, 1970

Nature of Handicap	Salford Children	Lancashire County Children	TOTAL
Cardiac Defects	4	2	6
Orthopaedic Defects	4	3	7
Cerebral Palsy	16	9	25
Spina Bifida	15	7	22
Other disease of the Nervous system	9	5	14
Miscellaneous other disorders	5	0	5
TOTAL	53	26	79

One boy with a miscellaneous disorder (haemophilia) left in December 1970.

The general health of the children at the school remained good throughout the year.

The School Medical Officer visits the school regularly and apart from carrying out routine medical examinations sees children at the request of parents or staff to discuss and advise on any aspects of their health or handicap. The school medical officer co-operates with the hospital specialists and family doctors who are responsible for the medical treatment of the children.

The aim is to ensure that every child is seen by the medical officer at least once about every 12 to 18 months. During 1970 the doctor held 17 medical examination sessions at the school; 60 children were examined during the year; the total number of examinations was 107. New admissions are examined as soon as possible after starting to attend the school. School leavers are examined early in their last year at school.

In future it is hoped to do a regular fuller review of all children during their ninth year of age. A previous plan to do an intelligence test on all children attending the school was unsuccessful because it had included an attempt to deal with the back-log of older children who had never been tested. Commencing in 1971 an intelligence test is to form part of the fuller review of a child's physical and educational abilities and potentialities which is to be done during his or her 9th year of age.

Throughout 1970 the nursing and physiotherapy services at the school continued as in previous years. The demands on these services continues to increase as the proportion of severely handicapped children increases. This increase in children with severe and more complex types of handicaps presents a challenge to all who are involved in their education.

The children continue to enjoy a happy school life despite their handicaps; the social and recreational facilities which the school provides playing an important roll in conjunction with more formal education.

Perhaps the most encouraging sign of progress has been the continued development of the Shrewsbury "clicking" calipers which enable some children with spina bifida to move around the school by their own efforts in an upright position. We continue to co-operate with the University of Salford in the research and development of these aids.

Our greatest concern now must be for the future of the more severely handicapped children when they leave school; their potentialities must be realised and opportunities for appropriate employment available.

Partially Hearing Units

The Partially Hearing Units at Seedley Junior School and Clarendon Secondary Boys' School continue to function satisfactorily.

The school medical officer visited each unit twice during the year. Arrangements have been made for children to attend ear specialists or to be fitted with new hearing aids or new ear moulds when necessary.

Most of the children in the Seedley Unit attend the Unit full-time.

In the Clarendon Unit all the pupils attend lessons with normal hearing pupils of their own age group for part of the time and are allowed to sit at the front of their classes. They attend the Unit as a small group for lip-reading and auditory training, and individually for speech lessons and remedial teaching where necessary.

Day Special Schools for Educationally Subnormal Children

Fernhill School, opened in 1961, has accommodation for 160 pupils aged 7 to 16.

Broomedge School is an old building and is intended for E.S.N. children aged 7 to 11, living in the Broughton area. Those who are not suitable for transfer to an ordinary school on reaching the age of 11 are now allowed to remain at Broomedge School.

The school medical officer visits these two schools in order to examine school entrants and school leavers and also those requiring a follow-up examination and those specially referred by teachers, health visitors or parents. The school medical officer visited Fernhill on four occasions during the year and 54 medical examinations were carried out. Three visits were made to Broomedge, where 31 medical examinations were carried out.

As mentioned earlier in this report there were 181 pupils awaiting places in a day special E.S.N. school or class at the end of 1970. Even when Broomedge has been replaced by a new school similar in size and age range to Fernhill, it is likely that there will still be a waiting list of considerable size.

PARKFIELD DIAGNOSTIC UNIT

Parkfield continues to provide 20 places for children aged 5 to 7 years. It provides places for disturbed infants who have failed to make social adjustments in an ordinary infants class or who have developed behavioural disturbances due to retarded development or other reason.

The unit also provides places for the further assessment of the educational needs of children with a variety of handicaps. Although these needs should if possible be assessed before the age of 5 years this is not always practicable, or even desirable.

Towards the end of 1970 the Senior Medical Officer visited the unit on 6 occasions. At these sessions 16 children were fully examined and their health and educational needs discussed with teachers and parents.

Assessment is a joint process requiring co-operation between doctor and teacher aided by the educational psychologist, health visitor and all the various specialist services dealing with hearing, speech and vision.

To be effective as a diagnostic unit two things are essential. In the first place assessment and diagnosis, done over a period of 2 or 3 terms must begin or continue from the time a child is admitted to the unit. Secondly it must be possible to place children according to their needs without delay once the assessment is complete.

Since September 1970 it has again been possible for a speech therapist to attend the school weekly. It is hoped that this service can be continued as there is a considerable need for specialist help with problems of speech and language development.

A health visitor continues to visit the unit regularly providing a valuable link between both home and school, and health and education.

HOME TEACHING

Home teaching is recommended if a child is unsuitable for any ordinary or special school in Salford and if a residental school is for some reason also considered unsuitable.

Six children were having home teaching at the end of the year. One of these children is a severe asthmatic and one is subject to frequent attacks of epilepsy. One child was having home teaching because of mental retardation and another was having home teaching whilst awaiting a place in a residential school for maladjusted pupils. One girl was unfit to attend school because of an operation on her spine and one boy was unfit to attend school following a severe attack of rheumatic fever.

SCHOOL CLINICS

Location of School Clinics	*Treatment carried out*
Regent Road	Dental, Physiotherapy, Audiometry, Ophthalmic, Minor Ailments.
Murray Street	Dental, Physiotherapy, Chiropody, Audiometry, Minor Ailments.
Langworthy Centre	Physiotherapy, Chiropody, Audiometry, Paediatric, Minor Ailments.
Kersal Centre	Dental, Audiometry, Physiotherapy, Speech Therapy.
Summerville Clinic	Physiotherapy, Audiometry.
Trinity Clinic	Speech Therapy, Audiometry.
Ordsall Junior School	Speech Therapy.
Broomedge School	Speech Therapy, Physiotherapy.
Broughton Secondary School	Speech Therapy.
Fernhill School	Physiotherapy, Speech Therapy.
Oaklands School	Physiotherapy, Minor Ailments, Orthopaedic, Speech Therapy.
Claremont Open-Air School	Physiotherapy, Speech Therapy.
Parkfield	Physiotherapy, Speech Therapy.
Greengate Special School	Physiotherapy.

STATISTICAL TABLES
PART I
Medical inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A. – PERIODIC MEDICAL INSPECTIONS

Age Group inspected by year of (birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination (See Note Above)	Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 & later	185	184	1	–	1	11	11
1965	875	873	2	–	3	61	64
1964	494	493	1	–	1	33	34
1963	70	68	2	–	1	4	4
1962	53	53	–	–	–	2	2
1961	30	29	1	–	–	4	4
1960	18	18	–	–	–	–	–
1959	19	19	–	–	1	2	3
1958	7	7	–	–	–	1	1
1957	10	10	–	–	–	1	1
1956	935	933	2	–	8	31	37
1955 & earlier	2,185	2,184	1	–	8	103	110
TOTAL	4,881	4,871	10	–	23	253	271

Column (3) total as a percentage of Column (2) total 99.71%
Column (4) total as a percentage of Column (2) total 0.29%
} to two places of decimals

TABLE B. – OTHER INSPECTIONS

NOTES:–

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	3,705
Number of Re-inspections	1,019
TOTAL	4,724

TABLE C. – INFESTATION WITH VERMIN

NOTES:–

All cases of infestation, however slight, are included in Table C. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 22,039 individual pupils; 33,460 exams; 4,609 re-examinations.

(b) Total number of individual pupils found to be infested – 1,671.

(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) – Nil.

(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) – Nil.

115 (individuals) cleansings undertaken, with parental consent, without issuing an order.

PART II

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
	Skin	T	11	51	6	68	82
		O	34	44	10	88	90
5	Eyes (a) Vision	T	5	20	2	27	63
		O	12	174	12	198	43
	(b) Squint	T	13	7	4	24	57
		O	35	24	7	66	29
	(c) Other	T	–	3	–	3	8
		O	7	8	–	15	21
6	Ears (a) Hearing	T	6	5	3	14	106
		O	81	91	29	201	493
	(b) Otitis Media	T	9	8	–	17	47
		O	82	65	24	171	171
	(c) Other	T	3	9	–	12	55
		O	10	16	4	30	113
7	Nose and Throat	T	39	22	3	64	179
		O	350	96	62	508	660
8	Speech	T	1	1	1	3	50
		O	46	8	8	62	124
9	Lymphatic Glands	T	1	–	–	1	4
		O	83	9	9	101	105
10	Heart	T	–	–	–	–	20
		O	15	22	1	38	54
11	Lungs	T	10	2	3	15	88
		O	31	11	9	51	171
12	Developmental (a) Hernia	T	2	1	–	3	2
		O	–	1	–	1	4
	(b) Other	T	3	5	3	11	16
		O	35	49	8	92	151
13	Orthopaedic (a) Posture	T	2	–	–	2	5
		O	25	18	6	49	8
	(b) Feet	T	11	14	4	29	25
		O	54	46	8	108	25
	(c) Other	T	5	8	–	13	128
		O	23	37	5	65	203
14	Nervous System (a) Epilepsy	T	–	2	–	2	29
		O	5	8	2	15	31
	(b) Other	T	2	–	–	2	13
		O	34	6	4	44	337
15	Psychological (a) Development	T	–	1	–	1	13
		O	5	4	1	10	98
	(b) Stability	T	1	1	–	2	6
		O	12	12	4	28	200
16	Abdomen	T	1	1	–	2	20
		O	7	14	–	21	49
17	Other	T	–	8	–	8	17
		O	6	13	4	23	332

PART III

Treatment of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	71
Errors of refraction (including squint)	2,247
TOTAL	2,318
Number of pupils for whom spectacles were prescribed	1,240

TABLE B – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment –	
(a) for diseases of the ear	Nil
(b) for adenoids and chronic tonsilitis	99
(c) for other nose and throat conditions	Nil
Received other forms of treatment	11
TOTAL	110
Total number of pupils still on the register of schools at 31st December 1970 known to have been provided with hearing aids.	
(a) during the calendar year 1970 (see note below)	10
(b) in previous years	54

A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C – ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	41
(b) Pupils treated at school for postural defects	16
TOTAL	57

TABLE D – DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm (a) Scalp	Nil
(b) Body	Nil
Scabies	4
Impetigo	21
Other skin diseases	13
TOTAL	38

TABLE E – CHILD GUIDANCE TREATMENT IN 1970

	Number known to have been treated
Pupils treated at Child Guidance clinics	145

TABLE F – SPEECH THERAPY IN 1970

	Number known to have been treated
Pupils treated by speech therapists	192

TABLE G – OTHER TREATMENT GIVEN IN 1970

	Number known to have been treated
(a) Pupils with minor ailments	130
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination	1,191
(d) Other than (a), (b) and (c) above. Please specify	
(i) Orthopaedic	32
(ii) Paediatric	31
(iii) Chiropody	425
(iv) Physiotherapy/Sunray	380
TOTAL (a) – (d)	2,190

SCHOOL DENTAL SERVICE

Inspections

	Number of pupils		
	Inspected	Requiring treatment	Offered treatment
(a) First inspection - school	22,963	11,475	10,135
(b) First inspection - clinic	1,227		
(c) Re-inspection - school or clinic	1,085	954	954
TOTALS	25,275	12,429	11,089

*** Note Sections 4, 5 & 6 below include all work done by Dentists, Auxiliaries & Hygienists**

Visits (for treatment only)	Ages 5–9	Ages 10–14	Ages 15 and over	Total
First visit in the calendar year	2,358	1,535	197	4,090
Subsequent visits	1,462	1,478	178	3,118
Total visits	3,820	3,013	375	7,208

Courses of Treatment

Additional courses commenced	104	83	11	198
Total courses commenced	2,462	1,618	208	4,288
Courses completed				3,173

Treatment

Fillings in permanent teeth	1,338	2,278	334	3,950
Fillings in deciduous teeth	1,273	123		1,396
Permanent teeth filled	1,128	1,886	266	3,280
Deciduous teeth filled	1,111	123		1,234
Permanent teeth extracted	258	991	143	1,392
Deciduous teeth extracted	3,173	928		4,101
Number of general anaesthetics	1,079	599	49	1,727
Number of emergencies	321	244	58	623

Number of pupils X-rayed	78
Prophylaxis	166
Teeth otherwise conserved	1,388
Teeth root filled	3
Inlays	2
Crowns	3

Orthodontics

New cases commenced during the year	17
Cases completed during the year	22
Cases discontinued during the year	7
Number of removable appliances fitted	48
Number of fixed appliances fitted	5
Number of pupils referred to Hospital Consultants	3

Include cases treated by appliance only

Dentures

	Ages 5–9	Ages 10–14	Ages 15 and over	Total
Number of pupils fitted with dentures for the first time:–				
(a) with full denture	0	0	0	0
(b) with other dentures	0	21	2	23
TOTAL	0	21	2	23
Number of dentures supplied (first or subsequent time	0	21	2	23

Anaesthetics

Number of general anaesthetics administered by Dental Officers	637

	Administrative sessions	Number of clinical sessions worked in the year					Total sessions
		School Service			M & C.W. Service		
		Inspection at School	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (incl. PSDO)	25	227	1209	20	59	3	1,543
Dental Auxiliaries			272	144	213	17	646
Dental Hygienists			–	–	–	–	–
TOTAL	25	227	1,481	164	272	20	2,189

Dental Health Education

Regular talks and film shows in schools and to mothers groups at clinics by Principal School Dental Officer and auxiliaries.

Visits by young children in groups from school to clinics. Stiffening of control on foodstuffs sold in Salford County Borough institutions, school, welfare food centres etc. Co-operation in extensive campaign by Salford Local Dental Committee.

DENTAL AUXILIARIES

Details of work carried out by Dental Auxilaries

Visits (for treatment only)	Ages 5–9	Ages 10–14	Ages 15 and over	Total
First visit in the calendar year	501	73	4	578
Subsequent visit	615	77	2	694
Total visits	1,116	150	6	1,272
Courses of Treatment				
Additional courses commenced	0	6	0	6
Total courses commenced	501	79	4	584
Courses completed				249
Treatment				
Fillings in permanent teeth	691	151	6	848
Fillings in deciduous teeth	800	6		806
Permanent teeth filled	577	128	6	711
Deciduous teeth filled	696	4		700
Deciduous teeth extracted	3	0		3
Prophylaxis				

RETURN OF HANDICAPPED CHILDREN
PART I
NEW ASSESSMENTS AND PLACEMENTS

During the calendar year ended 31st December, 1970:—	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Hearing (4)	Physically Handicapped (5)	Delicate (6)	Mal-adjusted (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	TOTAL (11)
A. No. of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes — Boys	—	—	1	—	9	33	6	32	1	1	83
Girls	—	1	2	—	3	26	—	22	—	—	54
B. No. of children newly placed in special schools (other than hospital special schools) or boarding homes (i) of those included at A above — Boys	—	—	1	—	5	27	—	14	—	—	47
Girls	—	—	2	—	—	18	—	7	—	—	27
(ii) of those assessed prior to January 1970 — Boys	—	—	—	—	3	12	—	12	—	—	27
Girls	1	1	—	—	4	19	—	2	1	—	28
(iii) TOTAL newly placed — B(i) and (ii) — Boys	—	—	1	—	8	39	—	26	—	—	74
Girls	1	1	2	—	4	37	—	9	1	—	55

PART II — CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December 1970

(i) No. of children who were the subject of new decisions recorded under Section 57 of the Education Act, 1944. ____ 10

(ii) No. of reviews carried out under the provisions of Section 57A of the Education Act, 1944 ____ Nil

(iii) No. of decisions cancelled under Section 57A (2) of the Education Act, 1944 ____ Nil

PART IV

NUMBER OF TEACHERS OF THE DEAF AND PARTIALLY HEARING EMPLOYED BY THE AUTHORITY (OTHER THAN IN SPECIAL SCHOOLS) ON 21st JANUARY 1971.

Teachers employed	Manchester qualification		N.C.T.D. qualification		Dublin qualification		London qualification		TOTAL	
	M	F	M	F	M	F	M	F	M	F
1. In special classes/units	–	1	1	–	–	–	–	–	1	1
2. In audiology clinics	–	–	–	–	–	–	–	–	–	–
3. As peripatetic teachers	–	–	–	–	–	–	–	–	–	–
4. Elsewhere (details to be appended)	–	–	–	–	–	–	–	–	–	–
TOTALS	–	1	1	–	–	–	–	–	1	1

PART III

PUPILS AWAITING PLACES IN SPECIAL SCHOOLS OR RECEIVING EDUCATION IN SPECIAL SCHOOLS: INDEPENDENT SCHOOLS IN SPECIAL CLASSES AND UNITS: UNDER SECTION 56 OF THE EDUCATION ACT 1944, AND BOARDED IN HOMES

As at 21st January, 1971

			Blind (1)		P.S. (2)		Deaf (3)		Pt. Hg. (4)		P.H. (5)		Dal. (6)		Mal. (7)		E.S.N (8)		Epil. (9)		Sp. Def. (10)		Total (11)	
			Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
No. of children from the authority's area who were awaiting places in special schools other than hospital special schools.																								
(1) Under 5 years of age	(i) waiting before 1st January 1970	(a) day places																						
		(b) boarding places										1												1
	(ii) Newly assessed since 1st January 1970	(a) day places									1	1	1	1									2	2
		(b) boarding places																						
(2) Aged 5 years and over	(i) Waiting before 1st January 1970																							
	(a) whose parents had refused consent to their admission to a special school	(a) day places									1		4	1			10	14					15	15
		(b) boarding places																						
	(b) others	(a) day places															70	50					70	50
		(b) boarding places																						
	(ii) Newly assessed since 1st January 1970																							
	(a) whose parents had refused consent to their admission to a special school	(a) day places															1	3					1	3
		(b) boarding places																						
	(b) others	(a) day places				1					1	1	2	2			15	11			1		18	15
		(b) boarding places									1	1			6		1						8	1
(3) Total number of children awaiting admission to special Schools other than hospital special schools -- total of (1) and (2) above		(a) day places				1					3	2	7	4			86	78			1		107	85
		(b) boarding places									1	2			6		1						8	2
No. of pupils from the Authority's area who were on the registers of -	(i) Maintained Special Schools (other than hospital Special Schools and special classes and units not forming part of a special school) regardless by what authority they are maintained	(a) day			11	3	2	2			45	30	98	83			139	79	3	2	1	1	299	200
		(b) boarding					1				1						4	1		1			6	2
	(ii) Non-maintained Special Schools (other than hospital special schools and special classes and units not forming part of a special school) wherever situated	(a) day																						
		(b) boarding	1	2			7	7			1		1	4			1	1					11	14
	(iii) Independent schools under arrangements made by the Authority Totals to agree with the totals on Form 21bM.	(a)																						
		(b)													3	1							3	1
	(iv) Special classes and units not forming part of a special school.								16	4					34	6							50	10
No. of children from the Authority's area who were boarded in homes and not already included in B above Totals to agree with the totals on Form 21cM																								
No. of handicapped pupils (irrespective of the area to which they belong) who were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944		(i) in hospitals																						
		(ii) in other groups e.g. units for spastics																						
		(iii) at home									1	1	1		1				1				4	1
Total number of handicapped children requiring places in special schools: receiving education in special schools independent schools special classes and units under Section 56 of the Education Act 1944, and boarded in homes. Totals of A (3), B (i) to (iv) C D (i) to (iii)			1	2	11	4	10	8	16	4	62	35	107	81	44	7	241	158	4	3	2	1	488	315